

2017 Prairielands Council Day Camp Registration Form Adult

Note: This form must be turned in along with Parts A and B of the BSA Medical Form when registering for Day Camp

Contact Information (Please Print)

I am volunteering for (pick one) Camp Staff Supervising Adult

Pack # _____

Name _____ Home phone (____) _____

E-mail [print clearly] _____ Cell phone (____) _____

Address _____

City, State, Zip _____

Emergency Contacts:

Name _____ Relationship _____ Day Phone (____) _____

Name _____ Relationship _____ Day Phone (____) _____

Staffing Information

List all of your children who will be attending day camp with you (Campers and Staff)

First Name _____	Last Name _____	Age _____	Camper	Staff
First Name _____	Last Name _____	Age _____	Camper	Staff
First Name _____	Last Name _____	Age _____	Camper	Staff
First Name _____	Last Name _____	Age _____	Camper	Staff

Which Day Camp session(s) are you attending? (place a check in each session attending)

Day Camp	Friday evening	Overnight	Saturday all day
Camp Drake			
Tuscola Day Camp			
Urbana Day Camp			

Are you a registered Scouter? Yes No Are you Youth Protection Trained? Yes No

Are you CPR trained?..... Yes No Child/Infant Adult Exp. Date _____

Are you First Aid trained? Yes No Standard Level 1 Level 2 Exp. Date _____

Are you a Registered Nurse/Physician/EMT? Yes No

FOR OFFICE USE ONLY

Contact Information

Medical Form Attached