

# 2018 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
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