

District _____ Pack # _____ Family Last Name _____

2017 BELZER FAMILY OVERNIGHT REGISTRATION FORM

Registrations are taken daily.

Payment is due with the registration.

If paying by check make it out to: CAC-BSA
Please put phone number and pack number on your check.

Family Members Attending _____ Phone Number _____

Scout _____ Scout _____

Parent _____ Parent _____

Sibling _____ Sibling _____

Sibling _____ Sibling _____

Cost is \$8 per person. # of participants _____ x \$8 each _____

Non Refundable Cash _____ or Check _____

Tent Information

_____ I need to use a 2 person camp tent. Number of tents needed _____

We have 25 camp tents available on a first come basis.

_____ I will be using my personal tent

_____ We will only be doing the evening activities (8:30-11 pm).

REMEMBER: NO SCOUT CAN STAY IN A TENT WITH A NON RELATED ADULT

Other Information

- You must complete the Family Health History form on reverse side.
- Overnight bracelets are required and will be given to an Adult leader during the day on Friday.
- Even if you only participate in the evening activities there is still a \$8 per person fee.

Emergency Contact person (not in camp) for Friday night:

Name _____ Phone # _____

Complete both sides of form.

2017 BELZER FAMILY OVERNIGHT HEALTH HISTORY pg. 2

PARENT or GUARDIAN IDENTIFICATION:

Name _____ DOB _____ Age _____ Sex _____

Home Address _____ City _____ State _____ Zip _____

Physician _____ Telephone _____

Health/Accident Insurance Carrier _____ Policy No. _____

Name of Emergency Contact: (not in camp) _____ Telephone _____

FAMILY HEALTH INFORMATION

Additional family members staying overnight:

Circle One

Name: _____ Age: _____ Scout Parent Sibling

Medical Alerts: _____

Name: _____ Age: _____ Scout Parent Sibling

Medical Alerts: _____

Name: _____ Age: _____ Scout Parent Sibling

Medical Alerts: _____

Name: _____ Age: _____ Scout Parent Sibling

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Name: _____ Age: _____ Scout Parent Sibling

Medical Alerts: _____

Name: _____ Age: _____ Scout Parent Sibling

Medical Alerts: _____

I give my permission for full participation in the BSA overnight program, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact the in camp and/or emergency contact. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization anesthesia, surgery, or injections of medication for my child (or for me, if an adult)

Date _____ Signature of parent/guardian _____