



**CAMP TOMAHAWK**  
**Cub Scout Day Camp**  
 The Capitol District, Baltimore Area Council

Attach Participant  
 Picture Here

## 2008 Camper Registration

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

T-Shirt  Small  Medium  Large  X-Large

Birth Date (mm/dd/yyyy): \_\_\_\_\_

Grade of Cub Scout for 2007-2008 school year  1st  2nd  3rd  4th

Scout status for 2007-2008 year.  Tiger  Wolf  Bear  Webelos 1

Cub Scout is currently registered with Pack # \_\_\_\_\_ Den # \_\_\_\_\_

Number of years attending Camp Tomahawk: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail			
Mom (h)	(w)	(cell)	
Dad (h)	(w)	(cell)	

**Parent Volunteer Commitment (Please complete Adult Registration Form and Adult Medical Form)**

Position at Camp  Single Day Vol.  Multi-day Vol.  All Wk DL  Admin  Station Staff  
 Set-up/Tear-down

Days Attending  Saturday set-up  Mon  Tue  Wed  Thu  Fri  Friday tear-down  
 Sat tear-down

List names of related campers, Tag-a-longs, adults, and youth aides attending Camp:

<p><b>Registration Details</b></p> <p><b>Early Registration</b> (3/13; 7pm-8:30pm):</p> <p><b>Regular Registration</b> (4/27; 1pm-3:30pm):</p> <p><b>Late Registration</b> (after 4/27):</p>	<p><b>Please Check Appropriate Box:</b></p> <p><input type="checkbox"/> \$95 for Cub Scout with all-week adult volunteer</p> <p><input type="checkbox"/> \$120 for Cub Scout with 1-4 day adult volunteer</p> <p><input type="checkbox"/> \$125 for Cub Scout with all-week adult volunteer</p> <p><input type="checkbox"/> \$150 for Cub Scout with 1-4 day adult volunteer</p> <p><input type="checkbox"/> \$200</p>
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There is no guarantee that a late registering Cub Scout will be placed with his Den/Pack.

**Please complete required Personal Health/Medical Record on page 2.**

**NOTE: PACKS MUST PROVIDE AT LEAST ONE ALL WEEK ADULT VOLUNTEER PER 6 REGISTERED CAMPERS.**

CT08 Den Name \_\_\_\_\_

CT08 Den Leader \_\_\_\_\_



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**Registration is not  
 complete without  
 both pages of  
 registration form!!!!**

**2008 Camper Registration**

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**ALLERGIES TO**  FOOD  MEDICINES  INSECTS  PLANTS  OTHER (i.e. latex)

DESCRIBE \_\_\_\_\_

**GENERAL HEALTH INFORMATION**

- ADHD/ADD  Asthma  Diabetes  High Blood Pressure  Cancer/Leukemia
- Heart Problems  Kidney Disease  Convulsions/Seizures  Hemophilia
- Other serious problems

Explanation \_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in hiking long distances or playing strenuous physical activities: \_\_\_\_\_

List any equipment needed at camp including glasses or contact lenses, wheelchair, braces, and retainers: \_\_\_\_\_

Immunization Dates MMR \_\_\_\_\_ DPT \_\_\_\_\_ Polio \_\_\_\_\_

Emergency Contact Information (other than parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**I also give permission for the camp Medical Staff to administer the following over the counter medications if it is deemed necessary.**

\_\_\_\_\_ Tylenol \_\_\_\_\_ Benedryl \_\_\_\_\_ Advil

**Parent/Guardian/Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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CT08 Den Name \_\_\_\_\_

CT08 Den Leader \_\_\_\_\_