

ADULT / STAFF

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2008 ADULT DAY CAMP APPLICATION

PLEASE FILL OUT COMPLETELY ONE APPLICATION PER ADULT/STAFF** ** PLEASE PRINT**

PACK #: _____ DISTRICT: _____ AGE: _____ BIRTHDATE: _____
NAME: _____ HOME PHONE: _____
Daytime Phone/Cell Phone: _____ EMAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IN CASE OF EMERGENCY

Notify: _____ Daytime Phone: _____
Notify: _____ Daytime Phone: _____

CAMP DATES AND LOCATIONS
PLEASE CHECK YOUR CAMP CHOICE:

This HEALTH HISTORY is required for admittance to camp.
Persons trained in First Aid will be on duty at camp to give
assistance. Secondary medical insurance is included in the fee.

- June 9-13 Cherokee: Fern Creek Sportsman's Club, 8:30-4:30
June 9-13 Arapaho: Camp Carlson, Fort Knox 8:00 - 3:30
June 9-13 Seneca: Watkins United Methodist. 8:30 - 4:00
June 16-20 Chief Old Ox: Tunnel Mill, Charlestown, IN 8:00 - 4:30
June 16-20 Cardinal: Miller Park, Campbellsville, KY 8:30 - 1:00
June 16-20 Mohawk: Cub World, Frazier Scout Reserv.,8:30 -4:30
June 23-27 Dan Boone: N. Oldham Lions Club, Prospect KY 8:30 - 3:30
June 23-27 Shawnee: Cub World, Frazier Scout Reserv.,8:30 -4:30
June 23-27 George Rogers Clark: Buffalo Trace, Palmyra, IN 8:30 - 4:30
June 23-27 Pioneer: New Haven City Park, 8:30 - 4:30
July 7-11 Lincoln Trail: Freeman Lake, Elizabethtown, KY 8:30 - 4:00

HEALTH HISTORY

Please define the severity of any and all medical problems in
detail on the back if necessary.

PROBLEMS WITH: HAVE OR SUBJECT TO:

- EYES ASTHMA
EARS DIABETES (Type I or II)
NOSE ALLERGIES (Please list below)
LUNGS HEART TROUBLE
THROAT FAINTING SPELLS
DIGESTION OTHER (Please explain)

Please describe in detail on the back if necessary.

DO YOU HAVE A REACTION TO ANY MEDICATION, FOOD
OR OTHER? _____

HAVE ANY CONDITION REQUIRING MEDICATION: _____

NAME AND DOSAGE OF MEDICATION: _____

PACK & CAMP LEADERSHIP REQUIREMENT

All Tigers (Boys Starting 1st Grade in Fall) must be accompanied
by a parent. Depending on space and camp needs Packs may be
required to provide adult leadership and will be notified if
necessary. Scouts have a great time, but an even better one with
their parent/scout leader!!

Staff position to be held/desired while at camp:

- Program Staff Den Walker Boy Scout
Other : _____

Please Check Days Available to volunteer:

- M T W TH F

CPR Certified: YES NO

First Aid Certified: YES NO

If serving as a 5 Day Leader, You Will Receive a T-shirt.

Please mark your size:

- Adult Small Adult Med. Adult Large
Adult XL Adult XXL Adult XXXL

I will be attending with: Tiger Wolf
Bear Webelos

Yes, I agree to allow my photo to be used in
publicity shots, newspapers and TV spots.

Signature: _____

Return to: Lincoln Heritage Council, BSA
P.O. Box 36273, Louisville, KY 40233-6273.

Questions?Concerns? Additional Info:
(502)361-2624