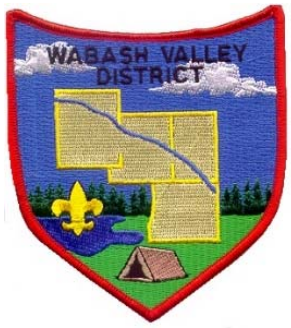
Adult Volunteer Registration Form

Wabash Valley Day Camp
Under the Sea

June 12th, 13th, 14th, 2019
8:30am - 3:30pm
Wells County 4-H Park
1240 4-H Park Road, Bluffton, IN



Contact Information:

Adult Volunteers Name_____

Please indicate your preferred method of receiving Day Camp Communications.

☐Remind* Text Cell Phone #_____

☐Remind* Email Email Address_____

☐Phone Call Phone #_____

*Remind is a free service that will allow us to send quick messages to everyone involved in camp. Your personal contact information will be kept private. When replying to a remind message only the original sender will see your message.

Mailing Address_____City_____Zip_____

Your Scouts Name_____Rank in Fall 2018_____

Pack #_____ Are you a registered adult leader? (Y/N)_____Registered Position_____

Number of years as a registered adult leader_____ Have you ever served on Day Camp Staff before? (Y/N)_____

Have you completed BSA Youth Protection Training? (Y/N)_____

If yes, please attach your completion certificate to this form.

If no, it is REQUIRED that every adult volunteer serving on Day Camp Staff complete BSA Youth Protection Training. This training is online at https://my.scouting.org/. Please print the completion certificate available at the end of the training and present it to the camp director. If you are not able to connect to the internet or have issues gaining access to the training module, please contact Steve Higgins (260) 710-5637 to make alternate arrangements to take the training.

Which days are you available to volunteer at Day Camp? June 12 _____ June 13 _____ June 14_____

If you commit to volunteering full time all three days of Day Camp, you will receive one free staff shirt. You may purchase additional staff shirts for $10 each. Staff shirts will read "Wabash Valley Day Camp Staff" and can be used from year to year. Do you have a staff shirt from a previous year (Y/N)_____

Please check T-shirt size if needed.

Volunteer Staff T-Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Day camp camper's T-shirts are available for a fee. Sizes Small – XL are $10 each, sizes 2XL – 4XL are $13 each payable at time of registration. (adult sizes only)

Camper T-Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Attention: If your application is received late you will not get a T- shirt.

Camp Assignments: Again this year, Tigers, Wolves, Bears, Webelos, and Arrow of Light Scouts will be assigned to individual sub-camps, where they will do their crafts, games, and skills activities. Each sub-camp will then rotate through the shooting sports stations throughout the day. We need adult volunteers who can actively participate in the sub-camps by planning and delivering the program. Duties will include helping Scouts with craft and skills projects, and playing games while keeping the Scouts engaged and active. Each sub-camp will need between 5 and 10 adult volunteers.

Please indicate the area you would like to help in.

☐Tiger ☐Wolf ☐Bear ☐Webelos ☐Arrow of Light ☐Shooting Sports ☐Tot Lot ☐ Other_____

Please note, however, that the camp leadership may ask you to help in another area based on need and safety of all campers. Your flexibility in assignments is greatly appreciated.

NATIONAL RULES STATE that all Day Camp volunteers must attend an orientation session. Two sessions will be scheduled for dates prior to the beginning of camp. Dates, times, and place will be communicated when they become available. If you are unable to attend one of these orientations sessions, please contact Julie Reynolds (260) 849-9358.

Questions? Contact Steve Higgins (260) 710-5637 or steven.higgins@scouting.org.

Please give this Adult Volunteer application and any youth applications you have to your Cubmaster or Pack Camping Coordinator.

Thank you for taking time to volunteer to spend time with you son and his friends. Volunteering at Day Camp is great fun and you will be creating life-long memories for you and your son!

Tot Lot: In order to make volunteering at Day Camp easier, we will again provide a child care (tot lot) area for adult staff members' younger children. The area will be staffed with at least one responsible adult over age 21 and several teenage helpers. The cost to have your child(ren) stay in tot lot is free! Optional camp t-shirts may be purchased for $10. Please list the names and ages of the child(ren) that will be staying in tot lot. Also, please complete a General Information/Health History form for each child.

Name of Child	Age	Optional Camp T-shirt Size ($10 ea)	Allergies or Restrictions

TALENT RELEASE: I hereby assign and grant to Anthony Wayne Area Council, Boy Scouts of America, Inc. (hereinafter, "Council") and its representatives, permission to use/publish any type of photograph/video picture(s), with or without sound, of myself while I am participating in any activity sponsored by said Council. I hereby release Council and its representatives from all liability from such use and publication, and authorize the reproduction, sale, copyright, exhibit, and broadcast of said presentations; and I specifically waive any right to compensation I may have for any of the foregoing.

General Information/Health History (GI/HH): Each camp participant must have the attached health information form completed and presented with this Day Camp Registration From, along with a copy of the front and back of your health insurance carrier card.

MEDICAL AUTHORIZATION: I, _____, hereby in the event of an emergency, give permission for the Camp Leader in Charge to hospitalize, secure proper anesthesia, or order injection or surgery for myself.

Signature:_____Date:_____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions:_____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature

MD/DO, NP , or PA signature (if your state requires signature)

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date :
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date :
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date :
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes ☐ No ☐
		List all surgeries and hospitalizations	Last surgery date :
		List any other medical conditions not covered above	

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ANTHONY WAYNE AREA COUNCIL

Wabash Valley Day Camp Special Dietary Considerations/Restrictions

Wabash Valley Day Camp tries to accommodate special dietary needs of Scouts and Scouters. Certain specialized needs will require parental or leadership support to ensure that dietary needs can be adequately met.

Scout/Scouter Name _____ **Date of Birth** _____

Any food allergies (including milk protein allergy)? ____Yes ____No. If yes, please explain, list each allergy, including type/severity of reaction:

_____

_____

Is cross-contamination with small amounts of potentially allergy-producing food items a concern? ____Yes ____ No

Is an Epi-pen required for any of these food allergies? ____ Yes ____No. If yes, which ones?

_____

_____

Aside from food allergies, are there any other dietary restrictions? If yes, please list:

_____

_____

Does Scout or Scouter have a specific medically-prescribed diet? If yes, please list:

_____

_____

Does Scout or Scouter have any physical disabilities and/or conditions that make eating and/or drinking difficult? If yes, please explain below, including accommodations that need to be made while your child is at camp:

_____

_____

Are there any other special considerations or insights we should know about the Scout's or Scouter's dietary restrictions/concerns? If so, please explain:

_____

_____

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www.awac.org

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