

TWILIGHT CAMP REGISTRATION

October 24, 25 & 26, 2017 @ Dracena Park

7:00-8:30PM

\$35 payment to accompany registration

A parent or adult partner (over 21) must accompany each participant throughout the 3 evenings

Registration Information:

Name _____ Phone _____

Email _____

Address _____

City _____ Zip _____ Birth date ____ / ____ / _____

T-Shirt Size (Youth) _____

School: Beach Corpus Christi Havens Wildwood Zion Other _____

I give permission for you to use photos taken at this event which my son may appear in for your council publications. Yes No

Parent/Adult Partner Registration: A parent or adult partner (must over 21) will accompany my/our son for each of these three sessions:

Parent _____ phone _____

Email _____

Adult Partner (not parent)

_____ (must be at least 21 years of age)

Cell Phone _____ Email _____

Camp Fee: Please make check for \$35 payable to: Piedmont Council, BSA
Mail payment & form to: Piedmont Council, BSA – 10 Highland Way, Piedmont, CA
94611

For more info, contact Steve Kahermanes steve.k@piedmontbsa.org or 547-4493 Ext 2
Check out our council calendar! www.piedmontbsa.org/events/index.php

Please complete the following information if a child will not be accompanied by a parent:

Boy's Name _____

Medical History and Health Information

Is or has the child been subject to:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting Allergy |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Heart Trouble |

Allergies to medications (please list)

Other conditions: Conditions requiring medication? Yes No

If yes, name of medication: _____

Restrictions of activities for medical reason? Yes No

Please explain: _____

Date of last tetanus shot: _____

Please note any other medical problems or concerns not listed above:

Emergency Contact Information Parent / Guardian

Phone _____ Parent / Guardian _____ Phone

If neither of the above can be reached in case of emergency, please notify:

Name _____ Relationship

Address _____ Phone

Family Physician _____ Physician Phone

Health plan ID number (if applicable) _____

Questions? Contact Steve Kahermanes:
510-547-4493 Ext 2 or email steve.k@piedmontbsa.org.