



Iroquois Trail Council Camp Dittmer Individual Registration Form

Week No.

Camper's last name

Campsite

Troop/Crew #

Community

Directions:

This form must be completely filled out for all individuals attending Iroquois Trail Council camps. If attending more than one camp please ensure that a copy of this form is provided for each camp. This form must be turned into the unit camp coordinator _____ by _____. The unit camp coordinator will submit this form to the appropriate camp.

An Annual Health and Medical Form must accompany this form with all sections including signatures of physician and parent/guardian completed.

Personal Information:

Camper's name: _____ Unit: _____ District: _____ Rank _____

Mailing address: _____ Phone#: (____) _____

Date of Birth: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Parent/Guardian authorization statement:

The attached Annual Medical Form is correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities except as noted by the family physician or me.

- In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to order any necessary procedure and to secure proper treatment for the health of the participant as named on this form.
- I hereby give permission to the Camp Health Director to give current prescribed medications and or over the counter medications as approved by the family physician and noted on the reverse side on the "Individual Medical Order".
- I give permission to the Iroquois Trail Council to photograph the above Scout during activities and use such photographs as they relate to Scouting.
- I also agree that an electronically copied signature on this form is as acceptable as the original signature.

Parent/Guardian Signature: _____

Date: _____

Place current photo here:

Please no larger than this box

Photo must be clear and in color.

Parent Volunteers:

Name: _____

Phone: _____

Days Parent in Camp: **S M T W T H F S (please circle)**