

2008 Mustang District Fall Camporee Unit Roster

Please bring this form with you to the campout. It should be filled out and turned in by the end of the cracker-barrel Friday night.

Troop _____
Scoutmaster _____
SPL _____

Scouts: (Please circle the names of Webelos & their parents)

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

7 _____ 8 _____ 9 _____

10 _____ 11 _____ 12 _____

13 _____ 14 _____ 15 _____

16 _____ 17 _____ 18 _____

19 _____ 20 _____ 21 _____

22 _____ 23 _____ 24 _____

25 _____ 26 _____ 27 _____

27 _____ 28 _____ 29 _____

Adults:

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

7 _____ 8 _____ 9 _____

Total Participation _____ Payment Method:

Registration Fee \$14.00, (\$8.00 per circled name): _____ Troop Check _____

Total Due _____

2008 Mustang District Fall Camporee Unit Registration Form

Please complete this form and turn it in to the Northern Star Council West Service Center prior to October 2, 2008.

Troop _____

Scoutmaster _____

Estimated Number of boys _____

Estimated Number of Adults _____

Total amount paid for Scouts (\$14 per person) _____

Estimated number of Webelos (& family members), (\$8 per person) _____

Total amount pre-paid for the Camporee _____

Troops with additional participants at the event than registered will not be charged a late fee.

Fees must accompany this Unit Registration form. Fees may be paid in person with cash, check or credit card. Checks should be used to pay for all mail-in registrations. ***Please make checks payable to: Northern Star Council.***

Unit Registration Forms and fees should be mailed to:

Mustang District 2008 Fall Camporee
Northern Star Council, BSA
5300 Glenwood Ave
Golden Valley, MN 55422



Mustang District
2008 Fall Camporee Permission Form
For Participation in Activities

To be turned in with Unit Roster at the Camporee

Scout's Name: _____

I, _____, parent or legal guardian of the above-named Scout, grant my consent to Mustang District, Northern Star Council, the Boy Scouts of America and their representatives to allow my child to participate in the following activities (check all activities in which Scout has permission to participate):

- _____ Archery Range
- _____ Orienteering
- _____ 19th Century Games
- _____ Fun

Parent Signature _____ Date _____

MUSTANG DISTRICT 2008 FALL CAMPOREE

SCOUT AND ADULT HEALTH FORM

To be turned in with Unit Roster at the Camporee
Please PRINT in ink.

General Information

Name _____ Date of Birth _____ Age _____ Sex _____
 Name of parent or guardian _____ Phone _____
 Home address _____ City _____
 State _____ Zip Code _____ Work Phone _____

Emergency Contact Information

If person named above is not available, in the event of an emergency, notify:

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name of personal physician _____ Phone _____
 Personal health/accident insurance carrier _____ Policy # _____

Health History

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes [] No [] Explain _____

GENERAL INFORMATION:	Yes	No	Yes	No	Yes	No		
Asthma	[]	[]	Diabetes	[]	[]	High blood pressure	[]	[]
Cancer/leukemia	[]	[]	Heart trouble	[]	[]	Kidney disease	[]	[]
Convulsions/seizures	[]	[]	Hemophilia	[]	[]			

Explain _____
 List any medications to be taken at camp _____

_____ List any physical or behavioral conditions that may affect or limit full participation in physical activities

_____ List equipment needed such as wheelchair, braces, glasses, contact lenses, etc

Immunizations: (give date of last inoculation)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

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 I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date _____ Signature of parent/guardian or adult _____

Name _____

Unit _____

Camp Dates _____