



# Webelos Woods 2009



## Program Registration Form

Unit # (Troop #) \_\_\_\_\_ Juniors \_\_\_\_\_ Cadettes \_\_\_\_\_

Patrol Name \_\_\_\_\_

Leader Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Early Reg.  
Paid by Sept. 18

LATE Reg.  
Paid after Sept.18

Number of Scouts # \_\_\_\_\_ X \$20.00 = \_\_\_\_\_  
*(Registration includes a patch and T-shirt - please note size below)*

X \$25.00 = \_\_\_\_\_

Number of Leaders # \_\_\_\_\_ X \$ 5.00= \_\_\_\_\_  
*(Registration includes a patch: shirts must be purchased separately)*

X \$ 7.00= \_\_\_\_\_

Number of Saturday Lunches # \_\_\_\_\_ X \$ 5.00 = \_\_\_\_\_  
*(Please specify the # of hot dogs \_\_\_\_\_ or hamburgers \_\_\_\_\_)*

X \$ 7.00= \_\_\_\_\_

Number of Saturday Dinners # \_\_\_\_\_ X \$ 5.00 = \_\_\_\_\_

X \$ 7.00= \_\_\_\_\_

Number of Sunday Breakfasts # \_\_\_\_\_ X \$ 5.00 = \_\_\_\_\_

X \$ 7.00= \_\_\_\_\_

Adult Size(s) \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL

Additional T-shirts \_\_\_\_\_ X \$8.00 = \_\_\_\_\_

X \$ 12.00= \_\_\_\_\_

Additional Patches \_\_\_\_\_ X \$3.00 = \_\_\_\_\_

X \$ 5.00= \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

I Need a Patrol \_\_\_\_\_

Campfire Skit or Song \_\_\_\_\_

For more information please visit [www.webeloswoods.org](http://www.webeloswoods.org)

# Scout Skills Training Class Selection

Please label each class with a number 1 through 12 (with 1 being your first choice). We will do our best to put you in the classes you want the most, but please label all the way through 12 in case that is not possible.

Unit # (Troop #) \_\_\_\_\_ Patrol Name: \_\_\_\_\_

Knots \_\_\_\_\_

Lashings \_\_\_\_\_

Compass \_\_\_\_\_

Flag Etiquette \_\_\_\_\_

First Aid ABC's \_\_\_\_\_

Fire Building \_\_\_\_\_

Cast Iron Cooking \_\_\_\_\_

Outdoor Etiquette \_\_\_\_\_

Paul Bunyan \_\_\_\_\_

Wilderness Survival \_\_\_\_\_

Scout Pace \_\_\_\_\_

Signaling \_\_\_\_\_

( PLEASE RETURN WITH YOUR REGISTRATION)



# GIRL HEALTH HISTORY RECORD

This health history is to be completed and signed by parents/guardians of girls

Sahuaro Girl Scout Council, Inc.  
4300 E. Broadway Blvd.  
Tucson, AZ 85711  
520-327-2288 or 1-800-331-6782

Name	Date of Birth	Age
Address	Troop Number	School
Parent/Guardian	Home Phone Number (520)	
Home Address		
Business Address	Work Phone Number (520)	
In Emergency Notify (Name)	Relationship	
Address	Phone Number (520)	
Name of Family Physician	Phone Number (520)	
Family Medical/Hospital Insurance Carrier	Policy or Group Number	

### Part I: Illnesses and injuries (check those that apply and give appropriate dates) Chronic or Recurring Illness

Ear Infection       Bleeding/Clotting Disorder       Hypertension       Asthma  
 Heart Defect/Disease       Musculoskeletal Disorders       Seizures       Diabetes  
 Other (Specify) \_\_\_\_\_

Date of last health examination: \_\_\_\_\_ Were any complicating medical problems noted in last health examination?  Yes  No

Is participant currently under the care of physician or psychologist?  Yes  No

Since last health exam, has participant had:

a serious injury requiring medical attention? _____	an illness lasting more than five days? _____
any prescribed or over-the-counter medication? _____	a surgical operation or fracture? _____
treatment in a hospital or emergency room? _____	any restrictions concerning physical activities? _____

Please explain any "yes" answers to the above questions. Include dates:

### Part II: Allergic (check those that apply and specify nature of allergic reaction).

Animals      \_\_\_\_\_       Hay Fever      \_\_\_\_\_  
 Pollen      \_\_\_\_\_       Food      \_\_\_\_\_  
 Medicine/Drugs      \_\_\_\_\_       Insect Stings      \_\_\_\_\_  
 Plants      \_\_\_\_\_       Other      \_\_\_\_\_

### Part III: Other health conditions (check those that apply)

Bed Wetting       Emotional Disturbances  
 Constipation       Fainting  
 Menstrual Cramps       Hearing Impairment  
 Motion Sickness       Sickle cell trait of disease  
 Nosebleeds       Special dietary regimen  
 Sleep disturbances       Wears glasses or contact lenses  
 Other \_\_\_\_\_

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted. Please attach additional sheet(s) of paper if needed.

I know of no reason(s) other than the information indicated on this form, why my child should not participate in prescribed activities except as noted.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Medical Authorization

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while on a Girl Scout activity, when parents and guardians cannot be reached.

I give my consent for emergency medical treatment of my daughter in the emergency room of the nearest hospital, and a certified first aider to provide first aid treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_



# ADULT HEALTH HISTORY RECORD

This health history is to be completed and signed by adult members themselves

Sahuaro Girl Scout Council, Inc.  
4300 E. Broadway Blvd.  
Tucson, AZ 85711  
520-327-2288 or 1-800-331-6782  
www.sahuarogsc.org

Name		D.O.B.	Age
Address		Troop #	Daytime Phone
City	State	Zip Code	Evening Phone
In Emergency Notify (Name)			Relationship
Address			Daytime Phone
Name of Family Physician			Evening Phone
Family Medical/Hospital Insurance Carrier			Policy or Group #

Part I: Illnesses and injuries (check those that apply and give appropriate dates) Chronic or Recurring Illness

Ear Infection       Bleeding/Clotting Disorder       Hypertension       Asthma  
 Heart Defect/Disease       Musculoskeletal Disorders       Seizures       Diabetes  
 Other (Specify) \_\_\_\_\_

Date of last health examination: \_\_\_\_\_ Were any complicating medical problems noted in last health examination?  Yes  No

Is participant currently under the care of physician or psychologist?  Yes  No

Part II: Allergic (check those that apply and specify nature of allergic reaction).

Animals \_\_\_\_\_       Hay Fever \_\_\_\_\_       Medicine/Drugs \_\_\_\_\_  
 Pollen \_\_\_\_\_       Food \_\_\_\_\_       Insect Stings \_\_\_\_\_  
 Plants \_\_\_\_\_       Other \_\_\_\_\_

Part III: Other health conditions (check those that apply)

Emotional Disturbances       Sleep disturbances       Hearing impairment       Sickle cell trait of disease  
 Fainting       Nosebleeds       Menstrual cramps       Wears glasses or contact leses  
 Motion Sickness       Special Dietary Needs  
 Other \_\_\_\_\_

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted. Please attach additional sheet(s) of paper if needed.

This health history is correct and I am able to engage in all prescribed activities except as noted.

Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Authorization**

PURPOSE: To authorize the provision of emergency treatment for illness or injury while on a Girl Scout activity. I give my consent for emergency medical treatment in the emergency room of the nearest hospital.

Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_

Does a Certified First Aider have permission to administer first aid treatment in case of illness or accident?  Yes  No

Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_

# Put a Face On Scouting

## Photo Release Form

Pack | Troop | Post | Crew # \_\_\_\_\_ City/Town \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

The following persons, listed below, appearing in photographs having been taken at Boy Scouts of America meeting, events and functions agree to let Webelos Woods and the Catalina Council and their agents use the undersigned's image for the promotion of Scouting. Those listed will receive no compensation for the use of their image. Their signatures represent their consent to this release agreement.

Individual Name	Individual's Signature	Parent's/Guardian's Signature

Date, Time, & Place: \_\_\_\_\_

Description of Activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_