Pixie Camp

Etowah District Day Camp

Application/Health Information Form
Mecklenburg County Council – Boy Scouts of America

(FOR CAMP USE ONLY)
Parent Assignment _____
Shirt Size _____

The Pixie Camp fee, $20, includes (1)t-shirt and program supplies.

Pixies can be at camp any day a parent/guardian is serving on camp staff.

Pixie Camper's Name _____Age: _____ Date of Birth: _____ Gender: M F

Address: _____City: _____ State: _____ Zip: _____

Parent's Name: _____Phone # (D) _____ (E) _____

Email address _____

T-shirt size? Youth Small Youth Medium Youth Large Adult Small **Additional T-Shirts _____@ $7.00 = $ _____**

Days Pixie Camper attending: ❑M ❑Tu ❑W ❑Th ❑F

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Parent: ❑ Guardian: ❑

Phone: (Home)_____ (Day) _____ (Mobile) _____

Email Address _____

Other Instructions: _____

Family Physician: _____ Phone: _____

Parents Staff Assignment:_____

Any Special needs or handling? _____

All medications must be given to camp First Aid Director IN ORIGINAL CONTAINER with instruction for dispensing.

This application must be accompanied by a BSA health form with Parts A and B complete and a copy of the insurance card.

AUTHORIZATION OF NATURAL PARENT/LEGAL GUARDIAN: This application is correct to my knowledge, and the person described has my permission to engage in all activities, except as noted by the doctor and me. In the event that I cannot be reached in an emergency, I hereby give permission to the doctor, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for the camper named above.

Signature: Date: