

## Camp Ammon 2019

Three Harbors Council - Boy Scouts of America **July 31 – August 12, 2019** 

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please print CLEAF	RLY **AGE REQUIREMENTS: Camper: Ages 1	3-17. Statt: Age 18 ON or BEFORE t	he first day of Camp**	OFFICE USE ONLY		
YOUTH/CAMPER INFORMATION:				REGISTER		
Last Name	First Name	DOB	Age	DATE RECV		
		,		FEE PAID		
Home Address	Yout	h Primary Phone(  )		MEDICAL		
				NOTES		
City State ZIP E-Mail Address						
Male Female Uniform Shirt (circle size): S M L XL Year in School (as of Sept 2019): 8th FR SO JR SR						
Female & Male Campers – Please circle your shirt size based on standard MENS shirt sizes.						
SCOUTING EXPERIENCE Have you previously attended Camp Ammon? YES NO If "yes", how many years as a "Camper"?						
Current Registration (circle appropriate unit) Scouts BSA Troop / Sea Scout Ship / Venturing / Exploring						
Unit Number # of Yrs in Scouts Council Chartered Org./Meeting Place						
Name of Your Unit Leader		Unit Leader Phone Num	ber ( )			
	City					
PARENT/GUARDIAN INFORMATION, AUTHORIZATION and MEDICAL RELEASE (PLEASE PRINT CLEARLY)       ( )         Parents Name Primary Phone ( ) Alternate Phones ( )						
I hereby give permission for my son/daughter to attend <i>Camp Ammon - BSA</i> . I also give consent for the Camp Director(s), or designated staff to act in the best interest of my child in summoning medical help in the event of an emergency, to provide hospitalization, secure proper anesthesia, and to order injection or surgery for my child or ward. I have listed on the reverse side of this application, any pre-existing or known medical conditions that affect my child, and I have listed any prescribed medications that will be in my child's possession while attending camp.  (NOTE: Please complete the back of this application with the appropriate information.)						
I further understand that <i>Camp Ammon</i> is a <i>full-time activity</i> , and as such is unable to make allowances for extended and repeated "leave of absences" from the camp, including athletic practices or employment requirements. Any arrangements to attend family functions and school registration <i>must</i> be made in writing, in advance. (MPS Students – Early check-out on Sunday can be arranged to accommodate school start on Monday.) It is understood that <i>PARTICIPANTS MUST BE REGISTERED BSA SCOUTS</i> to participate in Camp Ammon - BSA.						
***All Campers are required to attend church services while attending camp. If you do not want your child to attend church services, please attach a letter to this application explaining why they should be excused.***						
With this application, please enclose a check or money order for \$70.00 made out to: Three Harbors Council - BSA, and send to: Camp Ammon – Camper Applications, c/o Three Harbors Council - BSA; 330 S 84th Street; Milwaukee, WI 53214						
Applicant's Signature Parent/Guardian Signature Date						
SEE PAGE 2 FOR ADDITIONAL INFORMATION - BE SURE TO PRINT AND INCLUDE IT WITH YOUR REGISTRATION (ACCT #765-20)						

## MEDICAL EMERGENCY INFORMATION (PLEASE print clearly)

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Applicant's Last Name	First N	Name	Middle Initial
Age DOB	Male F	emale Height _	Weight
EMERGENCY CONTACT INFORMATI	ON		
Name of Emergency Contact Person if Par	ent is Unavailable		
Relationship	PRIMARY PHONE ( )	ALTERNAT	E PHONE ( )
		SECOND ALTERNAT	E PHONE ( )
Family Physician	Address		_ Phone ( )
Parents/Guardians; Please list below ar	ny pre-existing medical cor	nditions, and <u>allergies</u> :	
If this applicant will have any prescription names of these medications and the do		ications in their possession while a	ittending camp, please indicate the

*NOTE*: A current, doctor signed copy of the BSA Annual Health and Medical Record <u>MUST</u> be submitted, preferably in advance, but no later than Camp Check-in, July 31, 2019. Forms are available online at www.ThreeHarborsScouting.org/CampAmmon or at the Three Harbors Council Scout Service Center.