

ADULT APPLICATION FOR CAMP CODY, 2009

To attend Camp Cody during 2009, every Adult Scout Leader must attach these five documents; each of them completed and signed:

- ADULT APPLICATION FORM.
- PERMISSION SLIP.
- AUTHORIZATION & CONSENT TO TREATMENT.
- B.S.A. PERSONAL HEALTH AND MEDICAL RECORD.
A Class 2 is required once every 36 months for all participants under 40 years of age.
A Class 3 is required annually for all participants 40 years of age or older.
- YOUR CHECK [payable to "Troop One, BSA"]. (The \$90 price includes your staff hat).

**Please Staple
Checks Here**

ADULT APPLICATION FORM

NAME	_____	PHONE	_____
BIRTHDATE	_____	AGE	_____
ADDRESS	_____		_____
CITY	_____	ZIP	_____
TROOP	_____		
POSITION IN TROOP	_____		

HAVE YOU BEEN TO CAMP CODY BEFORE? YES NO

HOW MANY TIMES?

I PLAN TO ATTEND WORK WEEKEND. YES NO

I PLAN TO ATTEND WORKWEEK. YES NO

(We'll contact you at a later date)

(Usually limited to 5 adults.)

PLEASE READ THE CAMP CODY BROCHURE AND THE CAMP CODY POLICIES FOR 2009 BEFORE SIGNING THE FOLLOWING STATEMENT:

I have read the Camp Brochure and the Camp Cody policies for 2009 and I agree to abide by them. I agree to "be prepared" when I arrive at Camp Cody this year.

SIGNATURE _____

DATE _____

PERMISSION SLIP

- 1. My name is _____.
- 2. I am a registered adult Scout leader in Troop _____ .
- 3. I intend to participate in all supervised camp activities, which may include, but are not limited to: rock climbing, rifle range, archery, hiking, swimming, boating, and sports.
- 4. Activities which I will not participate in are:
- 5. I do further agree to indemnify and save harmless the Boy Scouts of America, the Golden Empire Council, and all officers and employees thereof, from all suits or actions brought for or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of my negligence or any act of omission occurring during the course of said activity.
- 6. I agree that I will not leave Camp until closing operations are completed (usually around lunchtime on the last Sunday of Camp) unless specific approval is granted in advance by the Senior Camp Director.
- 7. I agree to follow the Camp Cody policies for 2009.
- 8. The names, address, and telephone numbers of two responsible adults in order of preference who should be contacted in the case of an emergency are:

NAME ONE:

PHONE:

ADDRESS:

NAME TWO:

PHONE:

ADDRESS:

SIGNATURE _____ DATE _____

Families Are Invited

Families are invited to visit Camp Cody on Saturday and Sunday, August 8th and 9th. If your family plans to visit, please tell us. Saturday dinner is **JUST \$3.00** per person. Sunday breakfast is **FREE!!!** After Sunday breakfast we take down and put away Camp.

If you do not have a son attending Camp Cody please enter below the number of Guests who plan on dining with us Saturday the 8th for dinner.



AUTHORIZATION & CONSENT TO MEDICAL TREATMENT

Name _____

Date of birth _____

The undersigned, a registered adult Scout leader, does hereby authorize the Scout Executive, Golden Empire Council, Boy Scouts of America, or such substitutes as he may from time to time designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment including hospital care, which is deemed advisable by and if to be rendered under the general special supervisor of any physician and surgeon, licensed under the Provision of Medicine Practice Act or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment rendered under the general or special supervision of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all diagnosis, treatment, or hospital care which the aforementioned physician, surgeon, or dentist in the exercise of his best judgment may deem advisable for my health, welfare, and well being.

This authorization will remain effective during all time that I am enroute to or from or involved or participating in a Boy Scout program or activity within the jurisdiction of the Golden Empire Council, Boy Scouts of America, whether within or outside the geographical boundaries of the Golden Empire Council, unless revoked in writing signed by the undersigned, and delivered to the aforesaid agent.

Date _____

Signature _____

Witness _____

HOME PHONE () _____

WORK PHONE () _____