

2019 MIDWEST REGIONAL CAMPOREE

Camper requirements and additional registration information

Requirements

If registering as a **Cadet** you must:

- Have Parent/Guardian permission
- Complete the Information Record, Health history, and Waiver of Responsibility
- Have club approval
- Have paid the registration fee
- Be an active Cadet

If registering as a **Jr. Counselor**, you must:

- Have Parent/Guardian permission
- Complete the Information Record, Health history, and Waiver of Responsibility
- Have club approval: Demonstrated leadership ability at the club level and be approved by your club's head counselor
- Have paid the registration fee
- Be an active Jr. Counselor
- Live a life that demonstrates that Jesus Christ is Lord of your life

If registering as a **Counselor**, you must:

- Be an active counselor
- Complete the Information Record, Health history, and Waiver of Responsibility
- Have club, church, and Camporee steering committee approval
- Have paid the registration fee
- Live a life that demonstrates that Jesus Christ is Lord of your life

Information

Date: July 30-August 3

Place: Midwest Regional Camporee, Newton Hills Boy Scout Camp-Fairview, South Dakota

Cost: \$125

How to Register

1. Fill in the registration form. Make sure it is properly signed in all applicable places. Include the appropriate registration fee.
2. You must complete the health history and information record that is a part of the registration form. A doctor's physical examination is not required.
3. You must completely fill out the Waiver of Responsibility.
4. Registration deadline: May 15, 2019
5. Mail to: **Midwest Camporee**
% Steve Alexander
864 1st Ave SE
Sioux Center, IA 51250

Equipment List

A list of required, optional, and prohibited equipment will be mailed to each registrant.

Special Note

Campers are committed to stay the entire campout. Only in emergency situations will the camp director(s) determine that a camper may leave before noon on the final day.

2019 Midwest Regional Camporee Registration Form

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Club Number: _____ Council: _____

Club Name: _____

Cost: \$125

Registration Deadline is May 15, 2019

Make checks payable to: **Midwest Camporee**

Send Registration, Camporee Health sheet, waiver of responsibility, and a check to:

Midwest Camporee

% Steve Alexander

864 1st Ave SE

Sioux Center, IA 51250

Cadet Registration	<p>I do give permission for my son to attend the 2019 Midwest Regional Camporee. We also understand that in case of an accident, or injury, the club, counselors, or committee will not be held responsible.</p> <p>Parent/Guardian: _____</p>
Jr. Counselor Registration	<p>I do give permission for my son to attend the 2019 Midwest Regional Camporee. We also understand that in case of an accident, or injury, the club, counselors, or committee will not be held responsible.</p> <p>Parent/Guardian: _____</p>
Counselor Registration	<p>I will use my counselor leadership abilities to lead these boys through activities of the 2019 Midwest Regional Camporee. I will also cooperate with all the rules and activities that the camporee committee has set up. I will not leave camp until the camp director has dismissed me. I will work according to the goals set by the Calvinist Cadet Corp to help boys grow more spiritually in all areas of life – devotional, mental, physical, and social.</p> <p>Counselor: _____</p> <p><input type="checkbox"/> I would be willing to work with Jr. Counselors</p> <p>Do you plan on building your own tent with plastic and sticks? (Yes) or (No)</p> <p>Do you have previous camporee experience? (Yes) or (No)</p>

T-Shirt size (please circle size)

Youth: M L

Adult: S M L XL XXL XXXL

Health History and Information
 2019 Midwest Regional Camporee
 Newton Hills Boy Scout Camp

Personal Information Name(last,middle,first)	Age	Birth Date	Telephone
Address	City	State/Province	Zip Code
Name of parent(s): _____ Address	Home Phone		Work Phone
Person to be notified in case of emergency situation if parent is not available			
Name			
Address	Home Phone		Work Phone
Relation to registrant			
Names of persons other than parent to whom the child may be released			
1			
2			

Medical Information					
Is your child(ren) having any of the problems listed below?					
	Yes	No		Yes	No
1. Hay Fever			7. Trouble with bowel movements		
2. Eczema or frequent skin rashes			8. Shortness of breath		
3. Convulsions/Siezuress			9. Speech problems		
4. Heart Trouble			10. Dental problems		
5. Diabetes			11. Other		
6. Frequent colds, sore throats, ear aches(4 or more per year)					
Please explain any problem areas listed above:					
Operations or injuries:					

History of emotional or behavioral disturbance			
Medication needed or used (including psychiatric)			Currently being given
<u>Kind</u>	<u>Frequency</u>	<u>Dosage</u>	Yes No
			Yes No
			Yes No
Special conditions to be watched such as allergies (reactions to food, penicillin, or other drugs), bed-wetting, fainting, sleepwalking, etc.			

Immunizations								
	<u>Polio</u>	<u>Mumps</u>	<u>Diphtheria</u>	<u>Tetanus</u>	<u>Pertussis</u>	<u>Measles</u>	<u>Rubella</u>	<u>Other</u>
Date initial immunization was completed								
Date of most recent booster								

<p>Restrictions Should your child's activity be restricted because of any physical defect or illness? If yes, please explain degree of restriction.</p> <p>Is there any information that you feel should be passed on to the boy's cadre counselor? If so, please explain.</p>

<p>Signature of Parent or Guardian</p> <p>I certify that this information is true to the best of my knowledge. I, the undersigned, as legal parent or guardian, understand that every effort will be made to contact me, but do hereby give permission for the camporee medical staff or any licensed physician to render emergency medical care to my son in the event of an emergency.</p> <p>Signature _____ Date _____</p>

For Camp Use Only		
<u>Date</u>	<u>Ref. No.</u>	<u>Complaint and treatment</u>

NOTE: BE SURE YOUR TETANUS IMMUNIZATION IS UP TO DATE.

Waiver of Responsibility

The Cadet Committee for the 2019 Midwest Regional Camporee has organized a fun and interesting time for your son in the Newton Hills Boy Scout Camp near Fairview, SD. This location was selected to provide a learning experience for the Cadets. Some of the activities that are planned include, but are not limited to, archery, marksmanship, hiking, camping, fire building, and canoeing. Sometimes participation in these activities could result in injury. We certainly will make good faith efforts to secure the safety of the boys. For that reason, we request the following:

If you do not wish to have your child participate in various activities, please advise as set forth below. You should also consider and discuss this issue with your child prior to the Camporee.

If you authorize your child to participate, please sign the following waiver:

I know that allowing my child to participate in Cadet Activities, may sometimes result in harm or injury. I understand and assume all risk associated with participating in the events including, but not limited to, falls, contact with other participants, adverse effects of weather, lack of experience and other possible unknown conditions which may result in risks. I certify that my son has no medical or physical conditions that interfere with his safety related to any activities. I either have adequate insurance to cover any injuries or damages, or agree to assume any costs related to any injuries or damages.

I have read this waiver and I have considered this before I have allowed my son to participate in these activities.

I, hereby, on behalf of myself and my child, waive and release all Cadet leaders and the Camporee Committee participating in the 2019 Midwest Regional Camporee, whether volunteers, workers, sponsors, or the Newton Hills Boy Scout Camp participating in the 2019 Midwest Regional Camporee from all claims or liabilities of any kind arising out of my son's participation in this event.

Date: _____

Parent's Signature

Child's Name

I do not wish for my son to participate in the following activities: _____

