

SO CAL CAMPOREE June, 12 - 15, 2024

Registration Form

Name: _____ Jr. Cadet _____ Date: _____
Phone: _____ Cadet _____
Club Name: _____ Jr. Counselor _____
Club Number: ___ 1531 _____ Counselor _____
Amount Paid: _____ Other (parent) _____ or _____

\$85.00 Due May 1. Tee Shirt Size: Circle: **Boys:** Sm, M, Lg. **Adult:** Sm, M, L, XL, XXL, XXXL

Make checks payable to your club.

Return this form to your Head Counselor. Please make the Club check out to So Cal Cadets. All meals are included in this price, and will be prepared by staff, with assistance and clean up duties assigned.

Your club's mailed registrations must be postmarked on or before the due dates.

Parent Permission / Medical Release

Cadet's name: _____ Height: _____ Weight: _____
Address: _____ City/State: _____ Zip Code: _____
Telephone: (_____) _____ Present Age: _____ Date of Birth: _____

Parents Permission Certification

I (We) do hereby give permission for my (our) son to attend the SO CAL Camporee at
Twin Pines Ranch, Beaumont, CA.

I (We) also understand that in case of an accident of injury; neither the Council, the Clubs, nor the counselors shall be held liable.

Medical Information & Authorization to Consent Medical Treatment

Please list on the line below any known physical or dietary limitations or medication being taken by this Cadet that the Counselors should be aware of. If None, please specify, **None**.

I (We) the undersigned, do hereby authorize the Counselors on the West Coast Camporee as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and poser on the part of our aforesaid agent(s) physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until July 30, 2024 unless revoked sooner in writing delivered to said agent(s).

Insurance Group: _____ Policy Number: _____

Doctor: _____ Phone Number: (_____) _____

Parent's Name: _____ Daytime phone: (_____) _____

Parent's Signature: _____ Evening phone: (_____) _____

Email _____

If we are unable to contact you, please list a second person to contact:

Name: _____ Relationship: _____ Phone: (_____) _____

Please attach a Xerox copy (both sides) of the health insurance card that covers this camper. .

Club Roster Form

Church Name : _____ Club Number _____

Head Counselor: _____

Address: _____

City _____ Zip _____

Phone: _____

Counselor: _____

Cadets: _____

A your club's Cadets will all be in one color area but cadres might be shuffled to even out cadre sizes and another Club's cadres added to make up a color area.

Counselor: _____

Cadets: _____

Counselor: _____

Cadets: _____

Counselor: _____

Cadets: _____

Please use a second page if more are attending

Total Attending: Total \$ Discounted Total \$.