



# Camp Ammon 2020

Three Harbors Council - Boy Scouts of America

**August 5-17, 2020**

please print CLEARLY

**\*\*AGE REQUIREMENTS: Camper: Ages 13-17. Staff: Age 18 ON or BEFORE the first day of Camp\*\***

**YOUTH/CAMPER INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Youth Primary Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Youth Email \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Uniform Shirt (circle size): S M L XL Year in School (as of Sept 2020): 8th FR SO JR SR \_\_\_\_\_

**Female & Male Campers – Please circle your shirt size based on standard MENS shirt sizes.**

**OFFICE USE ONLY**

REGISTER \_\_\_\_\_

DATE RECV \_\_\_\_\_

FEE PAID \_\_\_\_\_

MEDICAL \_\_\_\_\_

NOTES \_\_\_\_\_

**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 Number** ( ) \_\_\_\_\_

**Unit or Leader Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION, AUTHORIZATION and MEDICAL RELEASE** (PLEASE PRINT CLEARLY)

**Alternate Phone** ( ) \_\_\_\_\_

**Parents Name** \_\_\_\_\_ **Primary Phone** ( ) \_\_\_\_\_ **Parent Email** \_\_\_\_\_  
(print name)

I hereby give permission for my son/daughter to attend **Camp Ammon - BSA**. 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 **Camp Ammon** is a **full-time activity**, 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 **must** 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 **PARTICIPANTS MUST BE REGISTERED BSA SCOUTS** 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)

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of Emergency Contact Person if Parent is Unavailable \_\_\_\_\_

Relationship \_\_\_\_\_ PRIMARY PHONE ( ) \_\_\_\_\_ ALTERNATE PHONE ( ) \_\_\_\_\_  
SECOND ALTERNATE PHONE ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Parents/Guardians; Please list below any pre-existing medical conditions, and allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this applicant will have any prescription or over-the-counter medications in their possession while attending camp, please indicate the names of these medications and the dosages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: A current, doctor signed copy of the BSA Annual Health and Medical Record *MUST* be submitted, preferably in advance, but no later than Camp Check-in, August 5, 2020. Forms are available online at [www.ThreeHarborsScouting.org/CampAmmon](http://www.ThreeHarborsScouting.org/CampAmmon) or at the Three Harbors Council Scout Service Center.**

Final acceptance can be delayed without a current medical form on file.  
*Medical information on this application is intended for emergency use only and will be kept strictly confidential.*