**KÜLFÖLDI MAGYAR CSERKÉSZSZÖVETSÉG**

**HUNGARIAN SCOUT ASSOCIATION IN EXTERIS • ASOCIACIÓN SCOUT HÚNGARA EN EL EXTERIOR • UNGARISHER AUSLANDSPFADFINDERBUND**

**Jelentkezési lap**

A 2013. Auguszus 23 és 25 közötti Portlandi Cserkésztáborra

**Kép**

**helye**

**Táborozó Név:**

**Házszám: Utca:** **Apt:**

**Város: Irányitószám:**

**Email cím (Táborozó):**  \_\_\_\_ **Email cím (szülők):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telefonszám: ( )**  **Születési dátum (honap/nap/év):** / /

**Magyarbeszéd szintje (tegyél X-et a skálán)\*:**

10--------------9--------------8--------------7--------------6--------------5--------------4--------------3--------------2--------------1

**Beszél és Ért beszédet Ért, keveset beszél Keveset ért, nem beszél**

\* Táborozó muszály megértsen legalább egyszrübb utasitásokat Magyarul; minden Magyarul lesz levezetve.

**Voltál már táborozni?** Igen/Nem **Volt-e a táborozó szülőknélküli többnapos táboron:** Igen/Nem

**Szülő szeretne táborozni közeli táborban:** Igen/Nem **Érdekel más családdal carpool:** Igen/Nem

**Foglald össze röviden mit vársz a tábortol (szülő is kitöltheti ha túl fiatal a táborozó)**

Alulírott beleegyezem, hogy gyermekem, , a 2013. Augusztus 23-25.között megtartandó Portlandi cserkésztáboron részt vegyen. Megbízom és felhatalmazom a Külföldi Magyar Cserkészszövetség által kijelölt vezetőket, hogy a tábor teljes időtartalma alatt engem teljes mértékben helyettesítsenek, és ilyen minőségben, az elvárható gondossággal megtett intézkedéseiket elfogadom.

*(A csatolt egészségügyi ûrlapot szíveskedjék kitölteni és visszaküldeni.)*

 **Dátum**

Táborrendező

Tóth Ildikó

2057 NW Johnson St.

Portland, OR 97209

ildiko@ildikototh.com

(703) 597-8004

 **Táborozó Aláírás**

 **Szülő Aláírás**

# Egyéb Adat – Tartsad meg ezt a részt

**Jelentkezési határidő: Julius 30, 2013.**

**Tábori Díj**

Ahhoz, hogy müködőképes legyen a tábor, tábor díjat a következőre szabtuk:

Első gyermek: $90

Második gyerek: $80

Harmadik+ gyerek: $70

Fejenként $50 fizetendő **Julius 30-ra**; **A többit kérjük helyben tábor kezdete elött**. Pld: 3 gyermek esetén $150-at kérünk Junius 30-án, maradék $90-at Augusztus 23-án mikor megérkeztek. Fizetési modszer: kizárolag csekket fogadunk el. Küldeni lehet erre a címre: 2057 NW Johnson St. Portland, OR 97209, vagy kézbe lehet adni táborrendezőnek (Tóth Ildikó). Csekkeket „Ildikó Tóth” névre, és Memo-ra „Portland Hungarian Scounting”.

Ebben benne van: étkezés, szállás, jelmez anyagok, tábori felszerelés\*, egészségügyi felszerelés.

**Szülőknek tábor**

Ha szülő is szeretne táborzoni egy közeli táborhelyen a cserkésztábor közben, Balogh Tünde rendezi, lepjetek kapcsolatba vele: tundebalogh@yahoo.com

Kérem ne leselkedjetek, ez megzavarja a gyerekek élményét!

**Útirány:**

From Idleyld Park, OR, take State Rt. 138 east 25.1 miles to Horseshoe Bend sign. Turn right at sign onto Forest Rt. 4750 and go 0.1 miles to a "Y" intersection. Bear right and go 0.7 miles to campground.

**Cserkész Táborhely**

Horseshoe Bend campground. Ezen belül van a Deer Flat Group Campground ahol a gyerekek lesznek.

 **Latitude :**43.288477

**Longitude :**-122.6274

**Szulő Táborhely adatok**

CAMPGROUND NAME: Horseshoe Bend

STATE: Oregon

REGION: Pacific Northwest

RANGER DISTRICT: North Umpqua

NEAREST CITY/TOWN: Idleyld Park

RESERVATIONS: No

DIRECTIONS:

From Idleyld Park, OR, take State Rt. 138 east 25.1 miles to

Horseshoe Bend sign. Turn right at sign onto Forest Rt. 4750 and

go 0.1 miles to a "Y" intersection. Bear right and go 0.7 miles

to campground.

GENERAL COMMENTS:

The elevation is 1,400 ft. The campground, in a stand of old growth Douglas fir, Sugar pine, and deciduous trees, has three loops (Deer, Otter, and Beaver Flat) on a bench stretching around a bend on the North Umpqua River. Deer Loop is a reserveable group area and is not includedin this survey. Beaver Flat is on the tip of the bench. It

receives the morning light first and has a more open appearance, providing most campsites along the river's edge a good view. Otter Flat stretches along the bend's west side and receives light late in the day. Campsites in this loop are tucked into a more densely wooded area and are more private. The bathroom facilities in Otter Flat are up a hill and are not wheelchair friendly. The sound of the river can be heard throughout campground. A raft launch site is at the "Y" intersection. The river features challenging whitewater runs and world famous Steelhead trout springtime runs. Gas, limited groceries and some RV supplies are available at Dry Creek Store, 1 mile east of campground.

Seasonal Comment:

Open May 20 through September 30.

RATE AND MAXIMUM STAY PERMITTED

Rate: $15 per day

Maximum Stay Permitted (days): 14

CAMPGROUND SITE CONFIGURATION

No. RV Sites: 0

No. Tent Sites: 0

No. Combined Sites (Tent or RV): 26

Total Sites: 26

No. Tables on Sites: 26

No. Grilles on Sites: 26

Equestrian Camping: No

RV INFORMATION

Hookups: None

No. RV Pull Throughs: 1

Waste Station: No

Average Parking Apron Size: 13' X 47'

Comments:

The parking aprons are paved. Grey water disposal sites are scattered around the campground. An RV waste station is

available for a fee at Diamond Lake campground (Forest Service) to the east 32 miles or Elk Haven RV Park (private) to the west 27 miles.

FACILITIES

Vaults: No

Flush Toilets: Yes

Hot Showers: No

Wheelchair Friendly Toilets: Yes

Public Phone: No

Playground: No

Water Spigots (non-site): 7

Threaded: 0

Comments:

Only Beaver Flat Loop has wheelchair friendly toilets.

WATER SPORTS

Lake: No

Swimming (provided): No

Sailing: No

Boat Ramp: No

Boat Carry Down Access: Yes

Power Boating: No

Boating (no power): Yes

Water Skiing: No

Rafting (whitewater): Yes

Kayaking (whitewater): Yes

Comments:

North Umpqua River has 33.8 miles of Class I through Class IV

whitewater.

HIKING

Horseshoe Bend Trail #1533 (foot) - 0.5 miles

FISHING

Trout and salmon - subject to varying fishing regulations.

**Egészségügyi oldal**

**Personal Information***All information will be held in strictest confidence*

Sex: Male \_\_ Female \_\_

Height:\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_

**In case of emergency contact**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Pager: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Pager: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance Information**

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Claims Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunization Record**

*Note: State law requires that this information be accurate and complete with dates of vaccination. Campers can*

*not stay in camp if this information is incomplete!* MM/DD/YY

Tetanus \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_Diphtheria \_\_\_\_/\_\_\_\_\_/\_\_\_\_Polio \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Hepatitis B \_\_\_/\_\_\_\_/\_\_\_

Varicella \_\_\_/\_\_ \_/\_\_\_\_ Measles \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Mumps \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Rubella \_ \_\_/\_\_\_\_/\_\_\_\_\_

Haemophilus influenza Type B \_\_\_\_/\_\_\_\_/\_\_\_\_

**Info:** <http://www.cdc.gov/vaccines/parents/record-reqs/immuniz-records-child.html>

**Medical Information**

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently being actively treated for anything? Yes/No

If yes, describe the condition(s). Have your doctor list any medications that you are taking on the accompanying form.

List any special instructions that we should know about to ensure your health during camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Allergies**

**Do you have any allergies to medications?** Yes/No

Name the medication(s):

**Do you have allergies to**: Yes /No If Yes, name/Type Describe reaction:

Insects Y/N

Animals Y/N

Plants Y/N

Foods Y/N

Other Y/N

**Medical History**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you now or have you ever had | Yes | No | Describe details briefly: |
| Infectious diseases (Tuberculosis, HIV, Rheumatic fever, etc.) |  |  |  |
| Infectious diseases (Tuberculosis, HIV, Rheumatic fever, etc.) |  |  |  |
| Heart conditions (angina, heart attack congestive heart failure, etc.) |  |  |  |
| Blood disorders (anemia, clotting problems, bruising, etc.) |  |  |  |
| Breathing Problems (asthma, bronchitis, emphysema, etc.) |  |  |  |
| Nervous system disorders (fainting, seizures, epilepsy, etc.) |  |  |  |
| Mental disorders (depression, schizophrenia, etc.) |  |  |  |
| Kidney disease (urinary tract infections, stones, dialysis,etc.) |  |  |  |
| Digestive problems (ulcers, irritable bowel syndrome, eating disorders,etc.) |  |  |  |
| Hormonal disorders (diabetes, thyroid, etc.) |  |  |  |
| Are you pregnant (females 11 years and older)? |  |  |  |
| Have you been in hospital for anything serious in the last two (2) years? |  |  |  |

**Consent to Medical Treatment**

To the best of my knowledge, I / the above named camper, is in good health and do/does not suffer from any physical, mental, or emotional problems preventing the participation in camp activities. In case of medical emergency, permission is hereby granted

to the camp first aid staff, physician or healthcare facility designated by the Camp Director to secure proper care and treatment, to hospitalize, order injections, anesthesia or surgery for me/the above named camper.

I release the Hungarian Scout Association, its leaders, helpers and associates, as well as its participants and agents from liabilities and damages incurred by me/my child while participating in all the various scouting activities, or from any liability which may result from medical services pursuant to this waiver.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name( Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ( MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_