

# Cub Scout Day Camp 2009 Registration Form

Please fill out both sides of this form for each Scout. A BSA Health Form must accompany each registration form.

**ONLY ONE FORM PER PERSON.**

PLEASE PLEASE

Adult Day Camp Staff

Days volunteering: M T W Th F

NAME: \_\_\_\_\_ Unit & # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

POSITION IN Unit: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PREVIOUS RESIDENCES (LAST 5 YRS) MEMBERSHIPS IN COMMUNITY ORGANIZATIONS

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

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EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HM PH: \_\_\_\_\_ WK PH: \_\_\_\_\_ CELL PH: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Have you ever been convicted of a criminal offense? Yes or No. If yes, explain:** \_\_\_\_\_

**Have you ever been charged with child neglect or abuse? Yes or No. If yes, explain:** \_\_\_\_\_

**Has your driver's license ever been suspended or revoked? Yes or No. If yes, explain:** \_\_\_\_\_

**Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? If yes, explain:**  
\_\_\_\_\_

**I understand:**

- a) *The information that I have provided may be verified, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.*
- b) *I affirm that the information I have given on this form is true and correct.*
- c) *I understand that I am expected to abide by the BSA policies and procedures established for the operation of the day camp. Additional camp rules have been established to ensure the fun and safety of all campers and staff. I will abide by the established rules or I will be asked to leave the premises and will comply with such a request.*
- d) *I understand that I must be a registered Scout or Scout Leader to volunteer as Day Camp Staff.*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of District Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Boy Scouts of America membership verified: \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

NAME: \_\_\_\_\_

PACK # \_\_\_\_\_

ONLY ONE PERSON PER FORM

### T-SHIRTS

➤ A Day Camp t-shirt will be provided at no charge to any adult volunteering for <i>the entire week</i> (5 days)		
➤ Extra T-shirts _____ (qty) @ \$9.00 each <i>Indicate size below</i>		\$ _____
	<b><u>Make checks payable to your pack</u></b>	
	<b>TOTAL</b>	\$ _____

### CAMP T-SHIRT SIZES

Please be sure of your sizing. You will be given ONLY the size you order, no exchanges. Please indicate total quantity including any extra shirts.

Adult Sm \_\_\_\_\_ Adult Med \_\_\_\_\_ Adult Lg \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult 2X \_\_\_\_\_ Adult 3X \_\_\_\_\_ Adult 4X \_\_\_\_\_

### CHECKLIST OF REQUIREMENTS FOR REGISTRATION

- Registration/Application Form (this form)
- Online Youth Protection Training Card (must be updated annually per the state of Texas) <http://www.scouting.org/pubs/ypt/ypt.isp>
- Sex offender Search Form (must be updated before each event) <https://records.txdps.state.tx.us/so Search/default.cfm>
- BSA Health & Medical Form (Tetanus must be within last 5 years).
- Media Release form (not required if using the new BSA Health & Medical Form)

Submit above listed forms to your Pack. (**Do not** send registration forms to Circle Ten Council.)

### DAY CAMP USE ONLY:

<input type="checkbox"/> Registration	<input type="checkbox"/> Youth Protection Training	<input type="checkbox"/> Sex Offender Search	<input type="checkbox"/> BSA Adult Leader Application
<input type="checkbox"/> Health and Medical form	<input type="checkbox"/> Signed	<input type="checkbox"/> Immunization dates	<input type="checkbox"/> Media Release
<input type="checkbox"/> T-shirt fees paid			\$ _____
Check # _____	Amt. \$ _____	Cash Receipt # _____	Amt. \$ _____

**CONTINUED ON OTHER SIDE**

3/30/2009