

# Cub Scout Day Camp Registration Form

Please fill out both sides of this form for each Scout. A BSA Class 1 Health Form must accompany each registration form.

**ONLY ONE FORM PER PERSON.**

*PLEASE PRINT*

**CIRCLE ONE:**      Wolf                      Bear                      Webelos

NAME: \_\_\_\_\_ PACK # \_\_\_\_\_

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

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

GRADE COMPLETED AS OF JUNE 2009 \_\_\_\_\_ CUB RANK AS OF JUNE 2009 \_\_\_\_\_

SPECIAL PHYSICAL, MEDICAL, OR EMOTIONAL NEEDS: \_\_\_\_\_  
(WOLF, BEAR, OR WEBELOS)

MOTHER/GUARDIAN'S WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER/GUARDIAN'S WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Person(s) to contact if neither parent can be reached in an emergency. These people need to be available during camp hours and be aware that you have listed their names.

**MUST** list at least one.

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

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

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

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

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

Who will pick this child up from camp?

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

## AGREEMENT

I understand that camp rules have been established to ensure the fun and safety of all campers and staff. I have read the rules included with this registration packet. These rules will also be explained fully to campers on the first day of camp. Everyone present on campgrounds will be expected to abide by these rules.

I understand that I will be asked to pick up my child from camp if his behavior endangers the safety and well being of himself or others.

I understand that I am expected to abide by the procedures established for the delivery and pick-up of campers. **A CAMPER MUST BE SIGNED OUT AT THE DAY CAMP HEADQUARTERS IF THEY LEAVE CAMP PRIOR TO CLOSING AT THE END OF EACH DAY. ID WILL BE REQUIRED FOR CAMPER SAFETY.** Campers should be picked up from camp at 4pm. The leader in charge of your child's group should release your child to you at the end of camp. Please make arrangements with your son's leader regarding drop-off and pick-up locations, etc.

\_\_\_\_\_  
Signature of Cub Scout/Webelos Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

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

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

PLEASE ONLY ONE PERSON PER FORM

**CIRCLE ONE:**      Wolf                  Bear                  Webelos

**REGISTRATION FEES AND T-SHIRTS**

- Registration Fees
  - On or before April Roundtable (April 16, 2009)                  \$65.00                  \$ \_\_\_\_\_
  - April 17 - May 14, 2009    \$75.00                  \$ \_\_\_\_\_
  - After May 14, 2009 (no guarantee of t-shirt or patch)                  \$100.00                  \$ \_\_\_\_\_
- Extra T-shirts \_\_\_\_\_ (qty) @ \$9.00 each      **Indicate size below**                  \$ \_\_\_\_\_

**Make checks payable to your pack**

**TOTAL**                                  \$ \_\_\_\_\_

**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.

\*\*Youth XL & Adult Sm are the same size

Youth Med (8-10) \_\_\_\_\_ Youth Lg (12-14) \_\_\_\_\_ \*\*Adult Sm \_\_\_\_\_ Adult Med \_\_\_\_\_ Adult Lg \_\_\_\_\_ Adult XL \_\_\_\_\_

**CHECKLIST OF REQUIREMENTS FOR REGISTRATION**

- Registration Form (this form)
- BSA Health & Medical Form (immunization dates required by State of Texas)
- Media Release form (not required if using the new BSA Health & Medical Form)
- Registration Fee (make checks payable to your pack)
- Submit above listed forms to your Pack. (**Do not** send registration forms to Circle Ten Council.)

**DAY CAMP USE ONLY:**

- Registration fee paid    \$ \_\_\_\_\_
  - T-shirt fees paid    \$ \_\_\_\_\_
  - Health and Medical form     Signed     Immunization dates     Media Release Form
  - Total Amount Paid    \$ \_\_\_\_\_
- Check # \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

**3/30/2009**