

# 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

Circle One: Jr Staff      Den Chief

Days volunteering: M   T   W   Th   F

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

Circle one: Troop   Crew   Post   Unit # \_\_\_\_\_

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

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

Rank : \_\_\_\_\_

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: \_\_\_\_\_

***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 registered with a Troop, Crew or Post to volunteer as Day Camp Staff.*
- e) *I understand that if I am attending as a Den Chief I must be a Den Chief of the pack I am attending day camp with.*

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

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

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

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

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

ONLY ONE PERSON PER FORM

**CIRCLE ONE:**    Jr Staff    Den Chief

### T-SHIRTS

➤ A Day Camp t-shirt will be provided at no charge to any Jr. Staff or Den Chief volunteering for the entire week (5 days)

➤ 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.

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>
- 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:

Registration     Youth Protection Training

Health and Medical form     Signed     Immunization dates     Media Release

T-shirt fees paid    \$ \_\_\_\_\_

Check # \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

**3/30/2009**