

Tiger Cub Scout Adult Partner Day Camp 2009 Registration Form

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

ONLY ONE FORM PER PERSON.

PLEASE PRINT

NAME: _____ Unit & # _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ AGE: _____ BIRTHDATE: _____ GENDER: _____

RELATION TO TIGER CUB: Parent Other (specify) _____

DRIVER'S LICENSE #: _____ STATE: _____

OCCUPATION: _____ EMPLOYER: _____

BUSINESS ADDRESS: _____ CITY: _____ ZIP CODE: _____

PREVIOUS RESIDENCES (LAST 5 YRS) MEMBERSHIPS IN COMMUNITY ORGANIZATIONS

CITY: _____ STATE: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

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 if I am not a registered leader of BSA I am not covered under BSA's supplemental medical insurance or the personal liability insurance.*

Signature of Participant: _____ Date: _____

Signature of District Executive: _____ Date: _____

Boy Scouts of America membership verified: _____

NAME: _____ PACK # _____

ONLY ONE PERSON PER FORM

NAME: _____

PACK # _____

PLEASE ONLY ONE PERSON PER FORM

T-SHIRTS

➤ A Day Camp t-shirt will be provided at no charge to the partner of the Tiger Cub Scout.

➤ 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>
- 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:

Registration Youth Protection Training Sex Offender Search BSA Adult Leader Application

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