

# Tiger Cub Scout Day Camp Registration Form 2009

*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*

NAME: _____		PACK # _____	
ADDRESS: _____		CITY: _____	
HOME PHONE: _____		ZIP: _____	
AGE: _____		BIRTHDATE: _____	
GRADE COMPLETED AS OF JUNE 2009 _____		GENDER: _____	
SPECIAL PHYSICAL, MEDICAL, OR EMOTIONAL NEEDS: _____			
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 Tiger Cub Scout

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

PLEASE ONLY ONE PERSON PER FORM

### REGISTRATION FEES AND T-SHIRTS

<input type="checkbox"/> Registration Fees			
On or before May 14, 2009		\$40.00	\$ _____
➤ After May 14, 2009 (no guarantee of t-shirt or patch)		\$65.00	\$ _____
<input type="checkbox"/> Extra T-shirts _____ (qty) @ \$9.00 each	<i>Indicate size below</i>		\$ _____
<b>Make checks payable to your pack</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.

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

Youth Sm (4-6) \_\_\_\_\_ Youth Med (8-10) \_\_\_\_\_ Youth Lg (12-14) \_\_\_\_\_ \*\*Adult Sm \_\_\_\_\_ Adult Med \_\_\_\_\_

### 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:

<input type="checkbox"/> Registration fee paid			\$ _____
<input type="checkbox"/> T-shirt fees paid			\$ _____
<input type="checkbox"/> Health and Medical form	<input type="checkbox"/> Signed	<input type="checkbox"/> Immunization dates	<input type="checkbox"/> Media Release Form
<input type="checkbox"/> Total Amount Paid			\$ _____
Check # _____	Amt. \$ _____	Cash Receipt # _____	Amt. \$ _____

**CONTINUED ON OTHER SIDE**

**3/30/2009**