Adult Volunteer Registration Form 2018 National Pike District Cub Scout Day Camp

Pack	Troop	Crew	Other	Unit Number:	LDS Unit Volunteer Status:		
	Last Name: First Name:						
Street Address:			:	Home Phone:			_
City, State Zip:					Email:		as
Emergency Contact Information (Enter at least one emergency contact)							_ast Name
							am
	Last Name: First Name:			Last Name: First Name:			าย
	Home Phone			Home Phone			• •
		rk Phone			Work Phone		
Cell Phone:				Cell Phone:			
Other Phone:				Other Phone:			
Uniform T-Shirt 2018 Day Camp uniform T-shirts or BSA Class "A" uniforms are required for security purposes at Cub Scout Day Camp. All Cub Scout Campers, Tagalongs, Youth Volunteers and Adult Volunteers (except 1-day volunteer) will receive one free shirt. Additional shirts may be purchased at an additional cost of \$5.00 per shirt (\$7.00 for Adult XXL or XXXL) Shirt Size: Total Quantity:							
require you Days \ \text{ Prefer} \text{	or placement Volunteer Worday Fred Locat Activity Station Ma Registered Other	nt elsewhing (Che tion: (Che ation nager Scouter Training	ere. Refuseck all day Tue eck all po	al of placement may j ys volunteering) esday [ositions that you wo 5-day Do Camp Yes No th Protection Trained	make every effort to place you at your preferred position of your unit. Wednesday Thursday Id like to be stationed) In Leader Den Assistant Admin Staff Other Scouter Position: CPR EMT RN LPN Camp Staff in your placement:	on, but critical shortages may Friday MD First Aid	First Name:
I understand that Day Camp is an all volunteer activity and that failure to help at camp for the time that I have indicated above may mean that I will be billed for unearned discounts, and / or that my child and others may not be able to participate in Day Camp activities. I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections for medication for my child (or for me, if participant is an adult). I also understand that photo images of my child may be taken for publicity and/or promotion purposes. I give permission for use of my email for the purpose of Den contacts if I am placed as a Den Leader.							MI:
Signature:					Date:		