

# Registration Form

## 2019 National Pike District Cub Scout Day Camp

Pack	Troop	Crew	Other	Unit Number:	2019	
Last Name:				First Name:		MI:
Birth Date:				Grade for 2018-2019:		
Street Address:				Home Phone:		
City, State Zip:				Email:		
<b>Parent / Guardian / Emergency Contact Information</b> (Enter at least one Parent / Guardian / Emergency Contact)						
Parent / Guardian:			Parent / Guardian:			
Last Name:			Last Name:			
First Name:			First Name:			
Home Phone:			Home Phone:			
Work Phone:			Work Phone:			
Cell Phone:			Cell Phone:			
Other Phone:			Other Phone:			
<b>Uniform T-Shirt</b>						
2019 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 \$7.00 per shirt (\$9.00 for Adult XXL or XXXL)						
Shirt Size:				Total Quantity:		
<b>Information that your child's Den Leader should know:</b>						
<small>(Note Your child's medical form information is confidential and is only available to Camp Medical and Administrative Staff. Please list below anything that you feel your child's Den Leader needs to be aware of to ensure their safety during and enjoyment)</small>						
Any limitations on this child's activities (ex. Cannot get wet, cannot run)						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:						
Any special behavioral / health / food allergy / plant allergy information? (ex. Nut allergy, bee sting)						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:						
<b>Transportation Authorization</b> Addition or changes to this list must be made in writing at the Day Camp Admin Desk						
I authorize ONLY the following people in addition to parents listed above (unless noted) to pick up my child for Cub Scout Day Camp.						
Name				Phone Number		
<p>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.</p>						
Signature:				Date:		

Last Name:

First Name:

MI: