

Cub Scout Day Camp 2018

CUB SCOUT INFORMATION FORM

Medical form parts A & B must accompany this form
Submit this form to your Pack's Day Camp Coordinator

CUB SCOUT INFORMATION: (Please PRINT & complete this information for your Cub Scout.)

Cub Scout _____ **PACK** _____

Male/Female _____ **DOB** _____

Current Rank /Grade _____ Rank/Grade in **September 2018** _____

Currently registered as a Cub Scout? Y N If no, you must fill out the Youth BSA app. before your Cub will be allowed to participate in Day Camp.

Parents/Guardians _____

Are you a Tiger parent? Y () N () **If Yes, you must be in camp each day with your son.**

Parent email address _____ Contact Phone # _____

DAY CAMP PROGRAM:

- | | |
|--|---|
| <input type="checkbox"/> Camp McKinley, Arlington (Jun 25-28) | <input type="checkbox"/> Lynnwood Twilight, Lynnwood (Jun 25-29) |
| <input type="checkbox"/> Silver Lake, Everett (Aug 20-23) | <input type="checkbox"/> Fire Mountain Scout Camp (Jun 25-28) |
| <input type="checkbox"/> Whatcom Twilight, Ferndale (July 16-20) | <input type="checkbox"/> Harvey Airfield, Snohomish (Jun 25-28) |
| <input type="checkbox"/> Whidbey Is. Twilight, Oak Harbor (Jul 9-13) | <input type="checkbox"/> Hole in the Sky Twilight, Bothell (Jul 9-13) |

T-SHIRT INFORMATION: Please circle the size of the **FREE** T-Shirt your Cub receives for attending Day Camp.

Youth M (10-12) **Youth L (14-16)** **Adult S** **Adult M** **Adult L** **Adult XL**
(Tiger&Wolf) (Bear) (Webelos)

CAMP MEDICAL TREATMENT, PHOTO AUTHORIZATION and REFUND POLICY

I give permission for full participation in the BSA program, subject to limitations noted herein.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the licensed health-care provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

I hereby give permission to the Mount Baker Council, BSA to use photographs of my Scout for the promotion of the Cub Scout Day Camp program.

All refund requests must be made in writing (Mount Baker Council, BSA 1715 - 100th PI SE, Ste B Everett, WA 98208). Refunds will not be given unless a written request is **received** at the Council office **30** days or more prior to the start of the Day Camp. Any extenuating medical circumstances need to be accompanied by a Dr.'s note. If the request is made with less than 30 days there will be no refund. If your Scout is a 'no show' at camp there will be no refund. All refund requests are less a \$25.00 non-refundable fee.

Parent/Guardian signature: _____ Date: _____

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