

Cub Scout Day Camp 2018

CUB SCOUT DAY CAMP TAG-A-LONG INFORMATION FORM

This form is for boys who are neither 8 yrs old nor entering 1st grade in the Fall and for girls who have not yet turned 11 yrs of age and are not Cub Scouts

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

TAG-A-LONG INFORMATION: (Please PRINT & complete this information for your child, use one form per child.)
Adult volunteer must be in Camp the same days as this Tag-A-Long.

Tag-A-Long _____ M or F DOB _____ Grade in Fall _____

Home Phone Number _____ Cell Number _____

Parent/Guardian Volunteer Name _____ Pack _____

Parent/Guardian email add _____

Tag Donations to be paid directly to Camp Director

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) |

My child will be attending Camp on the following days: (Please circle days)
The same days as I plan on volunteering
Mon. Tues. Wed. Thurs. Fri.

T-SHIRT INFORMATION: I would like to order _____ * T-shirt at \$8.00 each for my child who is attending.

Youth S (6-8) Youth M (10-12) Youth L (14-16) *Not required for participation **Paid Y N**

CAMP MEDICAL TREATMENT & PHOTO AUTHORIZATION

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

I realize that the Tag-A-Long program is separate from the Day Camp program held for Cub Scouts. I will be at Camp the same time as my son/daughter.

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 child for the promotion of the Cub Scout Day Camp program.

Parent/Guardian signature: _____ Date: _____

TA G-A-LONG