

Mount Baker Council, BSA 2018
CUB SCOUT DAY CAMP YOUTH HELPER INFORMATION
This form is for a youth 11 years of age or older

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

YOUTH INFORMATION: (Please PRINT and complete this information)

Youth name _____ DOB _____ Age _____

Home Phone Number _____ Associated Pack at Camp (if any) _____

Parent/Guardians _____

Parents email add _____ Parents cell # _____

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) |

I will be attending Camp on the following days: (Please circle each day you are helping)

Mon. Tues. Wed. Thurs. Fri.

T-SHIRT INFORMATION: Please circle the size of the **FREE** T-Shirt your child receives for helping at Day Camp.

Youth L (14-16) Adult S Adult M Adult L Adult XL Adult 2XL

CAMP MEDICAL TREATMENT & PHOTO AUTHORIZATION

I give permission for full participation in 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 child for the promotion of the Cub Scout Day Camp program.

Parent/Guardian signature: _____ Date: _____

If your child is 11, 12, or 13 years of age they will be assigned with their home pack or with a parent.

I agree to follow all camp rules and regulations while in Camp. I also agree to adhere to the principles of the Scout Oath and Law during my time in Camp.

Youth signature: _____ Age _____

Youth Helper