

# Cub Scout Day Camp 2017

## CUB SCOUT DAY CAMP TAG-A-LONG REGISTRATION FORM

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

### Medical form parts A & B must accompany this form

**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 \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

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 26-29)                 | <input type="checkbox"/> Lynnwood Twilight, Lynnwood (Jun 26-30)      |
| <input type="checkbox"/> Doleshel Park, Marysville (tbd)                      | <input type="checkbox"/> Silver Lake Day, Everett (Aug 21-24)         |
| <input type="checkbox"/> Fire Mountain Scout Camp (Aug 21-24)                 | <input type="checkbox"/> Whatcom Twilight, Ferndale (July 17-21)      |
| <input type="checkbox"/> Snohomish/Monroe (formerly Flowing Lake) (Jun 26-29) | <input type="checkbox"/> Whidbey Is. Twilight, Oak Harbor (Jul 10-14) |
| <input type="checkbox"/> Hole in the Sky, Bothell/Snohomish (Jul 10-14)       |   |

**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: \_\_\_\_\_

**TAG-A-LONG**