

Cub Scout Day Camp 2017

CUB SCOUT REGISTRATION FORM

Medical form parts A & B must accompany this form

Fee on 3/11 \$ 95
 Fee 3/12-5/31 \$ 105
 Fee 6/1 and after \$ 125

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

Cub Scout _____ DOB _____

Home Phone Number _____ Pack _____

Mailing Address _____ City _____ ZIP _____

Current Rank /Grade _____ Rank/Grade in **September 2017** _____

Opp Fund? Y- app needs to be submitted w/ registration

Amt Paid \$ _____

Currently registered as a Cub Scout? Y N If no, you must fill out the Youth BSA app. before your son 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 _____ Cell # _____

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) | |

T-SHIRT INFORMATION: Please circle the size of the **FREE** T-Shirt your son 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 son 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 son 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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