

**Mount Baker Council, BSA 2017**  
**CUB SCOUT DAY CAMP YOUTH HELPER REGISTRATION**  
This form is for a youth 11 years of age or older

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

**YOUTH INFORMATION: (Please PRINT and complete this information)**

Youth name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

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

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 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)       |   |

**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**