

Tri-District Day Camp 2010 Registration Form

Brazos – North Star – Thunder Wolf

(EACH CHILD MUST FILL OUT A SEPARATE FORM)

June 15<sup>th</sup> – 18th (2:30 P.M. to 8:30 P.M.) - Fort Bend County Fairgrounds

Camp Fee is \$50.00 before April Round Table, \$70.00 before May Round Table, and \$90.00 after May Round Table per boy.

Please return COMPLETE form to your pack representative for turn in.

INCOMPLETE FORMS WILL NOT BE ACCEPTED

WEBELOS SCOUT INFORMATION:

Name: \_\_\_\_\_ Pack # \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

District: \_\_\_\_\_ e-mail: \_\_\_\_\_

What rank/grade will you be when school starts in August, 2010: \_\_\_\_\_

Emergency Contacts and those Authorized to Pick up Scout

Name Relationship Phone

Table with 3 columns: Name, Relationship, Phone. Three empty rows for data entry.

PLEASE NOTE: The Day Camp Cub Administrative Director must be notified in advance of any change in arrival or departure of the Scout or any change in transportation arrangements.

Is there anyone to whom the Scout may not be released to? \_\_\_\_\_

Each camper will be provided with 1 T-shirt that MUST be worn each day. Please indicate size:

YS YM YL AS AM AL XL XXL

Extra Shirts are \$10.00 Number of Extra Shirts: \_\_\_\_\_

ACTIVITY PIN SELECTION

Please check two (2):

Readyman Geologist Sportsman Craftsman Showman Forester/Naturalist

I, \_\_\_\_\_ by payment of the required fee, give my permission for \_\_\_\_\_ to attend Tri-District Day Camp. I certify that the health information submitted is correct to the best of my knowledge. I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/electronic representations and/or recordings made of myself and/or my child this date by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. In the event the above names cannot be reached in an emergency, I hereby give permission to the physician selected by the Day Camp Director to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signed (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

A Completed BSA Part A and C must be attached to this form for the registration to be considered complete.

\_\_\_\_\_ Health Form Attached