

Den Walker/ Adult or JR Staff (Please circle one)

# Tri-District Day Camp 2010 Registration Form

**Brazos – North Star – Thunder Wolf**

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

Camp Fee is \$10.00 per Person for State Mandatory Background Checks & T-Shirt

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

**INCOMPLETE FORMS WILL NOT BE ACCEPTED**

## STAFF/DEN WALKER INFORMATION

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Area you would like to Work at Day Camp: \_\_\_\_\_

Are you a registered with the BSA? (Required)    Are you YPT Trained? (Required)    Are you CPR Trained? (Optional)    (Please provide a copy of card.)

This information must be given to staff a youth camp in the State of Texas. All information will be destroyed after camp.

Drivers License #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Emergency Contacts

Name	Relationship	Phone

Each Pack is required to have one adult per three boys at camp. What days are you available to work?

Tuesday                      Wednesday                      Thursday                      Friday

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

AS                      AM                      AL                      XL                      XXL                      XXXL                      XXXXL

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

I, \_\_\_\_\_ by payment of the required fee, give my permission for Tri-District Day Camp to perform a state mandatory back ground check. 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 or Self): \_\_\_\_\_ Date: \_\_\_\_\_

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

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