

FOR OFFICE USE ONLY

M ____ T ____ W ____ TH ____ F ____

**Eastern District Cub Scout Day Camp 2011
Day Camp Adult Leader Volunteer Registration Form
(Turn in to your Pack's Day Camp Coordinator)**

Which camp will you be attending?

____ Session I: June 13-17, 2011 (Fisherville Scout Camp)

____ Session II: June 20-24, 2011 (Fisherville Scout Camp)

Adult Volunteer Name _____

Scout's Name (if applicable) _____ Pack No. _____ Rank (Fall '11) _____

Primary Phone _____ Alternate Phone _____

Primary Email _____

Address _____ City _____ Zip _____

Date Completed Youth Protection Training _____ ***You MUST attach a copy of your certificate.***

Day(s) Volunteering: Monday Tuesday Wednesday Thursday Friday

Please note what times you are available to work: All day Morning Afternoon

Parents volunteering for 3 days or more will receive a Day Camp t-shirt.

T-Shirt Size (circle one): YS YM YL AS AM AL AXL A2XL

Tot Lot: Please list the names, ages, and day(s) attending for all children staying in the Day Camp Tot Lot.

Child's Name _____ Age _____ Day(s) Attending: Mon Tues Wed Thurs Fri

Child's Name _____ Age _____ Day(s) Attending: Mon Tues Wed Thurs Fri

Child's Name _____ Age _____ Day(s) Attending: Mon Tues Wed Thurs Fri

Emergency Contacts: Please list two (2) people we can contact in case of an emergency.

Name _____ Phone _____

Name _____ Phone _____

I agree to abide by all BSA Regulations, the Guide to Safe Scouting, and Day Camp Policies and Regulations.

Signature _____ Date _____

Adult Volunteer's Checklist of Registration Forms (an application without these forms will not be accepted):

Adult Leader Volunteer Registration Form

Medical Form (Parts A & C) for all Adult Volunteers and Tots (**copy only, no originals, please**)