

Eastern District Cub Scout Day Camp
July 14 to 18, 2008
Day Camp Adult Den Leader Volunteer Registration Form
(Turn in to you Pack's Day Camp Coordinator)
(Please print clearly and legibly)

Cub's Name _____ Pack No. _____

Parent Volunteer Name: _____

Address _____ City _____ Zip _____

Home Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Day(s) Volunteering: M TU W TH F

Date Completed Online Youth Protection: _____

Please attach proof of course completion.

Parents volunteering for 3 days or more will receive a camp T-shirt.

Shirt size: AS AM AL AXL A2XI A3XL

Please list 2 people to contact in case of an emergency. These people should be available during camp hours and aware that you have listed their names.

Name _____ Phone _____

Name _____ Phone _____

In case of emergency, I understand that every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I (they) cannot be reached, I hereby give permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery or injections of medication for my child (or for me, if participant is adult). A Class 1 medical form must also be completed and turned in during the registration process.

I also hereby agree to abide by all BSA Regulations, the Guide to Safe Scouting, United Methodist Safe Sanctuary policies as well as Day Camp Policies and regulations.

Signature: _____

Date: _____