

Gulf Ridge Council Cub Scout Day Camp 2009—An ALL-VOLUNTEER Program

Adult Parent Volunteer Application

Participant's Name: _____ Pack/Troop #: _____
Street Address: _____ City/State: _____ Zipcode: _____
Home Phone Number: (____) _____ Cell Phone Number: (____) _____ Birthdate: _____
Age: _____ Youth Protection Date: _____ Email: _____

*** A photocopy of your up-to-date Youth Protection card needs to be turned in with this completed form. If you are CPR and/or First Aid Certified, a photocopy of your certification cards also needs to be turned in with this completed form.*

Additional Scout training completed: _____

Please mark the days you will be attending:

Monday Tuesday Wednesday Thursday Friday

Optional Camp T-Shirts: **\$7.50** if ordered by March 31, **\$9.00** by May 16, and **\$10.00** after May 16.

_____ Adult Small _____ Adult Medium _____ Adult Large
_____ Adult X-Large _____ Adult XX-Large _____ Adult XXX-Large

Payment Information:

T-Shirts: \$ _____

**Total for
this form: \$ _____**

Medical Information: (No one will be allowed in camp without this form!)

I have attached the required medical form to this registration. **Initial Here:** _____

Signature _____ Date _____

Make one check for the entire family payable to your pack. LDS participants make checks payable to your ward and write "Cub Scout Day Camp" on the tithing slip.

Attach all Individual Application Forms, Medical Forms, and Transportation Forms.
Turn the entire Family Packet in to your Pack Day Camp Coordinator.

To be Day Camp Staff, contact your District Day Camp Director for further information

Registrar Use ONLY: _____ date received _____ payment received _____ health form rec'd _____ photo rec'd
_____ transportation form rec'd _____ Y.P. Card _____ completed