

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

Staff Application
(Pre- approved by Day Camp Director)

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: _____

Station Choice:

Please indicate your choice 1, 2 and 3 in order of desire.

I am willing to be a Leader in the following areas:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Archery* | <input type="checkbox"/> Cooking | <input type="checkbox"/> Administration | <input type="checkbox"/> Wolf Den Leader |
| <input type="checkbox"/> BB's* | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Medical* | <input type="checkbox"/> Bear Den Leader |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Tot Lot | <input type="checkbox"/> Tag-a-long Leader | <input type="checkbox"/> Webelos Den Leader |
| <input type="checkbox"/> Games and Sports | <input type="checkbox"/> Trading Post | | |
| <input type="checkbox"/> Skills | | | |

* Archery and BB's require range training. Medical requires specific certification.

T-Shirts: Each Staff Member receives 1 Staff Shirt at Staff Training.

Additional shirts: **\$7.50** if ordered by March 31, **\$9.00** by May 16, and **\$10.00** after May 16.

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Adult X-Large | <input type="checkbox"/> Adult XX-Large | <input type="checkbox"/> Adult XXX-Large |

Payment Information:

Add'l Shirts: \$ _____

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

Names and ages of children attending Tot Lot or as a Tag-A-Long: _____

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.

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