



Iroquois Trail Council Cub Scout Day Camp Individual Registration Form

___	Cub Scout
___	Parent
___	Staff
___	Tot

Pack #: _____ Community: _____ District: _____
 Circle Session: Towpath: July 12-16 Nundawaga: July 19-23 Seneca: August 16-20

Camper's Last Name: _____ First Name: _____ Preferred Name: _____

Mailing Address: _____ Town/City: _____ Zip Code: _____

Home Phone:(____)-_____ Mother's Daytime Phone:(____)-_____ Father's Daytime Phone:(____)-_____

Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Rank (Going into Fall of 2010) Tiger Wolf Bear Webelos I Webelos II Circle Cub Scout's Shirt Size: Youth M Adult S M L XL XXL

Parent Volunteers:

Last Name: _____

First Name: _____

Days in Camp: Mon. Tue. Wed. Thur. Fri. (Please Circle)

5 Day Leaders ONLY

Shirt Size: Youth M Adult S M L XL XXL XXXL

Place current photo here.

Please no larger than this box.

Photo must be clear.

Parent/Guardian Authorization Statement:

The attached BSA medical form is correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities except as noted by the family physician or me.

- In the case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to order any necessary procedure and to secure proper treatment for the health of the participant as named on this form.
- I hereby give permission to the Camp Health Director to give current prescribed medications and or over the counter medications as approved by the family physician and noted on the reverse side on the "Individual Medical Order".
- I give permission to the Iroquois Trail Council to photograph the above Scout during activities and use such photographs as they relate to Scouting.
- I also agree that an electronically copied signature on this form is acceptable as the original signature.

Parent/Guardian Signature: _____ Date: _____

This registration form must be accompanied by the BSA Medical Form with the parent/guardian and physician signatures.