

2009 CUB DAY CAMP



PACK _____

Registration Form
Erie Shores Council BSA
Please Print Neatly - 1 form per Cub

District _____ Grade (Fall 2009) _____

Rank (Fall 2009 - circle one): Tiger Wolf Bear Webelos

Name _____

Address _____

City/St/Zip _____

Phone _____

Early Bird Discount, paid in full by May 8th : Subtract \$15
Late Fee, registering within 5 days of camp start: Add \$15
***** 200 Scouts per week limit! Register Now!!!**

Week 1 (June 15th – June 19th): _____

Week 2 (June 22rd – June 26th): _____

Week 3 (June 29th – July 3th): _____

Week 4 (July 6th – July 10th): _____

Week 5 (July 13th – July 17th): _____

T-Shirt Size: YS YM YL AS AM AL AXL AXXL
(Circle One)

One Week Fee	\$115	\$ _____
# _____ Add'l weeks	\$95/week	\$ _____
Camper Meals	\$30/week	\$ _____
Includes Thursday Dinner		
Open Swim & Lessons	\$35/week	\$ _____
4:30 pm – 5:30 pm M-F		
*Please complete additional Swim Lesson form		
# _____ Adult Meals	\$6.50 each	\$ _____
# _____ Child Meals	\$4.50 each	\$ _____
Children under 10		
Early Bird Registration	Subtract \$15	- \$ _____
Register before May 8th		
Late Registration	Add \$15	\$ _____
Within 5 days of start of desired week		
Volunteer Service	Subtract \$30	- \$ _____
Must volunteer for entire week		
Volunteer Name: _____		
TOTAL ENCLOSED: \$ _____		
Check #	_____	
Visa/MC#	_____	Exp.date _____
Name on card	_____	

2009 CUB DAY CAMP - HEALTH FORM

PACK _____

Erie Shores Council BSA
Please Print Neatly

DISTRICT _____

Rank (Fall 2009 - Circle One): Tiger Wolf Bear Webelos

LAST _____ FIRST _____ DOB _____

ADDRESS _____

CITY/ST/ZIP _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Parent/Guardian: _____

Home Address: _____

Daytime Phone # _____

Other Parent/Guardian: _____

Daytime Phone # _____

IF NOT AVAILABLE IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Phone # _____

Physician Information

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Health Insurance Co. _____ Group# _____

Policy Number/ID _____

MEDICAL HISTORY AND RESTRICTIONS

Circle any that apply, with specifics and/or restrictions

- | | | |
|---------------|-----------------|---------------------|
| ADD | ADHD | Asthma |
| Cancer | Convulsions | Diabetes |
| Heart Disease | Hemophilia | High Blood Pressure |
| Leukemia | Sting Reactions | <u>Other:</u> |

Allergies – Please List:

PLEASE COMPLETE INCLUDED CLASS A & C FORMS