



Bug Hunters Welcome!

Cubs of the Camino Real District Day Camp 2017

Youth Registration

Church of the Nazarene

1480 Santa Ysabel Ave, Los Osos, CA 93402

Wednesday June 21 to Friday June 23 2017

Wednesday, Thursday: 8:30am-3:00pm

Friday: 12:00pm-7:00pm

\$95 on or before June 15th, \$125 AFTER June 15th \$70 if parents volunteer all 3 days

Pack# _____ Unit Coordinator _____

Scout's name: _____ Nickname: _____

Grade** (fall 2017) _____ Age: _____ Birth Date _____

****Den Determined by Fall 2017 Grade: K or under 1st 2nd 3rd 4th 5th**

Address: _____ City: _____ Zip Code: _____

Parent Signature _____ Date _____

(By signing, you are stating that your son is registered with Cub Scouts. Should he not be, you are agreeing that the Pack has your permission to register him in their pack)

Parent / Guardian #1

Name: _____ Email: _____

Best Phone #1: _____ Best Phone #2: _____

Parent / Guardian #2

Name: _____ E-mail: _____

Best Phone #1: _____ Best Phone #2: _____

Circle T-Shirt size for boy: SM (6-8) MD (10-12) LG (14-16) **ADULT Sizes** S MD LG XLG
XXLG

Anything we need to know about your Cub Scout to provide him with the best possible camping experience?

Yes, I would like to help at Day Camp, please contact me. I am available:

All days _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ (check)

Reduced registration fee available to 3- full day volunteers.

Complete volunteer forms.

Name: _____ Phone # _____

E-mail: _____

If you are volunteering at Day Camp, we provide a tot-lot for younger siblings of scouts. (up to 6 years of age)

Would you need this service? **Y N** (please fill out additional registration for your child to participate)

Permission/ Waiver

S. 12552: Furnishing Firearms to Minors under 18 without permission of parent-- Every person who furnishes any fire-arm, air gun, or gas-operated gun, designed to fire a bullet, or metal projectile, to any minor under the age of 18 years, without an express or implied permission of the parent or legal guardian of the minor is guilty of a misdemeanor.

I give permission for _____ to use a firearm as described above.

Signed: _____ Dated: _____

Unit: _____

Contact Erica Mundell-McGilvray, 509-338-7053, Erica.mundell-mcgilvray@scouting.org **with any questions.**

***Registration opens immediately**

Please provide this form to your Unit Coordinator along with the health and medical record form parts A & B and all other applicable forms to:

Erica Mundell-McGilvray
7350 el Camino Real, Suite #201, Atascadero CA 93422

Or to your Unit Coordinator