## California Inland Empire Council Boy Scouts of America

## CUB SCOUT DAY CAMP INDIVIDUAL FORM FOR DAY CAMP DIRECTOR NEED

Pack #	District:	
Name:		
Phone:	(Ho	me)(Cell)
Home Address:		
City:Zip:		Zip:
Date of Birth:	Age:	Gender: Male/Female
Email:		
Scout Parent Name: _		
[] Cub Scout Grade as of Sept. 20 Rank as of Sept. 2015: [Tiger] [Wolf] [Be Tiger Scout must have Adult Partner		
training) A registration form and n		I a leadership position and have completed den chief filled out for each Den Chief participating at Day Camp.  (s) he currently serves.
camp at all times. Children must b	e potty trained. Due to insurance, may feel is a concern, nor can they	amp staff members for \$6.00. The parent of the Tag Along must be in tag-alongs will not be able to participate in sports, archery and bb gun y be "helpers" on site.
[] Adult Staff (18 years or older)	A registration form and medical fo	orms part A & B MUST be filled out for each volunteer
[] <b>Tiger Partner (</b> must meet abo	ove requirements) Tiger Scout Nan	ne
Adult Staff Preferred Position Den Leader/Assistant, Tag Alor	•	on, Crafts, Shooting Sports and Archery, Medical
-	s family day) y day of camp session will	receive their t-shirt for free. ) T-shirt for tag along is optional and is \$6 if desired.
	ze (exact size is not guara n LG] [adult SM] [adult MED] [a	<b>nteed):</b> dult LG] [adult XL] [adult 2x] [adult 3x]
minor (Cub Scout) for the	purpose of instruction and	sh BB Guns and Bow and Arrow to the above named I safe handling under strict supervision of (Parent's Signature.)
include a copy of front and		HEALTH AND MEDICAL RECORD (Parts A & B) and