Los Padres Council Scouts BSA

# Youth Registration

**North County Cub Scout Day Camp 2020**

Location : TBD

***Early bird price -$200.00 – ends on May 15, 2020***

***Regular price - $225.00 – ends on June 1, 2020***

***Late fee price -$250.00 – ends on June 10, 2020 (last day to register)***

***No discounts applied to late registrations. 50% discount offered for 1 scout if parent volunteers for the week or $20/ per day discount for partial week volunteers. $40 discount for siblings. Camperships are available, please contact your Camp Director or the Scout office for more info.***

***Please make checks out to : LPCBSA***

## Monday June 15 through Friday June 19, 2020 8:30am-3:00pm (M-Th)

## 10:30 – 7:00 pm (Family Potluck Dinner 4pm Friday)

Pack#\_\_\_\_\_\_\_\_\_\_\_\_ Pack Unit Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scout’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade\*\* (fall 2020) \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*\*Den Determined by Fall 2020 Grade level: 1st 2nd 3rd 4th 5th

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_, Zip Code: \_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(By signing, you are stating that your child is registered with Cub Scouts. Should they not be, you are agreeing that the Pack has your permission to register them into their pack and you will agree to pay the pack the appropriate registration and unit fees.)

Parent / Guardian #1

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian #2

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## **Circle T-Shirt size for youth: 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 them with the best possible camping experience?

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

I am available: All days\_\_­\_\_ Mon. \_\_\_­\_\_ Tues. \_­­­\_­­­\_­­­­­­ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_

**Reduced registration fee available – Save $20 per day**

### **Complete volunteer forms. (Adult Application)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are volunteering at Day Camp, we provide a FREE tot-lot for younger siblings of scouts. 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 firearm, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_

For questions, contact:

Jeanne Gard 805-238-0175, [daycamp19@gmail.com](mailto:daycamp19@gmail.com) or

Amanda Lamar 805-610-1551, [daycamp19@gmail.com](mailto:daycamp19@gmail.com)

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

Jeanne Gard

320 Melody Dr. Paso Robles, CA 93446

Or to your Unit Coordinator