

**2017 Cub Scout Camp Registration Form**  
**Monticello District Day Camp - June 19-22, 2017**  
 4748 Chris Greene Lake Road, Charlottesville, Virginia 22911  
 Check-In and T-shirt pickup – June 17, 2017

**PACK #**

**Scout Information (Print clearly):**

Name: \_\_\_\_\_ Age On First Day of Camp: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Rank in Sept. 2017:  Wolf  Bear  Webelos/AoL Grade in Sept. 2017: \_\_\_\_\_

T-shirt size: Youth Sizes  YXS  YS  YM  YL Adult Sizes  Sml  Med  Lrg  Non-Swimmer  Swimmer  
*Waterfront activity is supervised at all times by BSA certified lifeguards in a designated area with depths up to 4 feet.*

**Contact Information of Parent(s) or Legal Guardian(s) (Print clearly):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Primary Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Primary Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

In addition to a parent/guardian, please list the names of those who have permission to pick up your Cub from camp:

List anyone not allowed to pick up your Cub from camp: \_\_\_\_\_

**By signing below, I hereby:**

**Give permission** for my above named son to attend Cub Scout Camp and participate in all activities, under adult supervision, except for any restrictions listed on the **Health Form** on the back page of this registration form.

**Assign and grant** to the Boy Scouts of America permission to use/publish any photographs, film, video, electronic representation and/or sound recordings made during my child's visit to camp and I hereby release BSA from any and all liability from such use and publications. I authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said images without limitation at the discretion of the BSA without any right to compensation.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

Registration Fee: **\$115** for Day Camp. Registration needs to be received by **May 19, 2017**; \$20 late fee.  
 Make checks payable to "SJAC—Monticello Day Camp"  
 Registration fee includes t-shirt, patch, program supplies and venue cost;  
 Some SJAC Camperships are available. Please submit an "SJAC Direct Assistance" form via your Cubmaster  
**Give completed registration form, registration fee, and medical history form to your Pack Day Camp Coordinator by May 19, 2017**

**\*\*\* Each Pack must provide 1 adult for every 3 Scouts registered for each day of Camp \*\*\***

Our Cub Scout Camp is staffed entirely by volunteers; it takes 100 people and 2,000 man hours to run a successful camp, but many hands make light work. Volunteer with us and take part in one of Scouting's greatest experiences!

Name: \_\_\_\_\_ Pack: \_\_\_\_\_ Phone: \_\_\_\_\_

In what ways would you like to help?

Den Walker  Fishing  
 Waterfront  Shooting Sports  
 Games

**2017 Cub Scout Camp Adult (18 and up)**  
**Volunteer Registration Form- Monticello District**  
4748 Chris Greene Lake Road, Charlottesville, Virginia 22911

**PACK #**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you a BSA registered volunteer? \_\_\_\_\_ If Yes, Pack/Troop #: \_\_\_\_\_ Position: \_\_\_\_\_

Cub Scout's Name: \_\_\_\_\_ Rank (after 9/1/17): \_\_\_\_\_

Do you hold a current certification in CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_

T-shirt size: Adult Sizes  
Sml  Med  Lrg  XL  XXL  XXXL

I will volunteer:  Monday  Tuesday  Wednesday  Thursday

Where would you like to volunteer?

- |                                       |                                  |                                    |                                  |
|---------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Den Walker   | <input type="checkbox"/> BB's    | <input type="checkbox"/> Games     | <input type="checkbox"/> Crafts  |
| <input type="checkbox"/> Sibling Camp | <input type="checkbox"/> Archery | <input type="checkbox"/> Wild Card | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Waterfront   |                                  |                                    |                                  |

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

**Adults who volunteer for the complete 4-day duration of the Day Camp will receive a \$25 discount!**

**TRAINING:**

**PLEASE SUBMIT YOUR YOUTH PROTECTION TRAINING CERTIFICATE WITH YOUR APPLICATION OR BY THE TRAINING NIGHT.**

**MANDATORY TRAINING WILL BE HELD ON THURSDAY JUNE 1st AT 6:00 PM (before Roundtable).**

**Location: First Presbyterian Church, 500 Park Street, Charlottesville, VA**

**\*THIS IS A 2-PART FORM! REGISTRATION MUST INCLUDE THE COMPLETED CUB CAMPS HEALTH FORM.\***

Fill out this form completely. Please turn in with your Pack's Cub Scout registration forms.

Forms and additional information available online:

<http://www.bsa-sjac.org/Camping/CubScoutCamping/DistrictDayCamp>

Questions? Contact Michelle McCrone: eodmommy@hotmail.com, 434-260-9729, Zahra Ihsan: 434-882-2088.

**2017 Cub Scout Camp Youth (14 to 17)**  
**Volunteer Registration Form- Monticello District**  
4748 Chris Greene Lake Road, Charlottesville, Virginia 22911

**PACK #** \_\_\_\_\_

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

Email (required): \_\_\_\_\_ Parent/Guardian Email (required): \_\_\_\_\_

Mobile #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Age on 6/20/2017: \_\_\_\_\_ Grade as of 9/1/2017: \_\_\_\_\_

If applicable, Boy Scout Troop: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Do you hold a current certification in CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_

T-shirt size: Adult Sizes Sml Med Lrg XL XXL XXXL

Sizes are all Adult! We do our best to provide requested size when registration is received by 5/19/2017

I will volunteer:  Monday  Tuesday  Wednesday  Thursday

Where would you like to volunteer?

- Den Walker  BB's  Games  Crafts  
 Sibling Camp  Archery  Wild Card  Fishing  
 Waterfront

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

I hereby give permission for my above named child to volunteer at Cub Scout Day Camp at Chris Greene Lake Park on the above dates and to assist in all camp activities, under adult supervision, except for any restrictions on activities listed in the Cub Camp Health Form of this registration.

Authorized Signature (parent/guardian): \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out this form completely. Please turn in with your Pack's Cub Scout registration forms.

Forms and additional information available online:  
<http://www.bsa-sjac.org/Camping/CubScoutCamping/DistrictDayCamp>

Questions? Contact Michelle McCrone: eodmommy@hotmail.com, 434-260-9729, Zahra Ihsan: 434-882-2088.

# 2017 Cub Scout Camp Sibling Registration Form- Monticello District

4748 Chris Greene Lake Road, Charlottesville, Virginia 22911

PACK #

- Sibling Camp is available for the children of volunteers on the days they volunteer at Day Camp.
- Children must be between the ages of 3 – 14 who have completed potty training.
- A one-time fee of \$20.00 per child includes a t-shirt and program supplies.
- Submit one form per child.
- Siblings may **not** accompany parent(s) to any program area during Day Camp.
- Sibling Camp is **closed during lunch**, so siblings will join you for lunch under the big tent.
- Some adults will be asked to volunteer in Sibling Camp for all or part of the day.

Sibling Name: \_\_\_\_\_

Age at day camp: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Cub Scout brother's Pack: \_\_\_\_\_ Name(s): \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

What should we know to help their Sibling Camp experience go well? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach Photo  
Here**

\*digital print is great  
\*face only  
\*this size

T-shirt size:

Youth  
Sizes

YXS

YS

YM

YL

Adult  
Sizes

Sml

Med

Lrg

Days I will volunteer and my child will attend Sibling Camp:

Monday

Tuesday

Wednesday

Thursday

I hereby give permission for my child named above to attend Sibling Camp during Cub Scout Day Camp at Chris Greene Lake on the above dates. My child is able to participate in all Sibling Camp activities, under adult supervision, except for any restrictions that are listed in the Cub Camps Health Form. I understand siblings are **not permitted to accompany parents to any program areas.**

Authorized Signature (parent/guardian): \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out this form completely. Please turn in with your Pack's Cub Scout registration forms.

Forms and additional information available online:

<http://www.bsa-sjac.org/Camping/CubScoutCamping/DistrictDayCamp>

Questions? Contact Michelle McCrone: eodmommy@hotmail.com, 434-260-9729, Zahra Ihsan: 434-882-2088.