

2017 Cub Scout Camp Registration Form

Southern District Twilight Camp

Sharon Park, Sharon, Virginia

June 26-30, 2017; 6-9pm (Monday through Friday)

PACK #

Scout Information (Print clearly):

Name: _____ Date of birth: ____ / ____ / ____

Address: _____ City/State/Zip: _____

Rank in Sept. 2017: Tiger Wolf Bear Webelos/AoL

T-shirt size: Youth Sizes YXS YS YM YL Adult Sizes Sml Med Lrg

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: **\$50** for Twilight Camp. Registration needs to be postmarked by **May 31, 2017**; \$15 late fee.

Make checks payable to "**SJAC—Southern Twilight 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

**Mail completed registration form, registration fee, and medical history form to:
Stonewall Jackson Area Council, 801 Hopeman Parkway Waynesboro, VA 22980**

or give to your Pack Camp Coordinator to turn in at the scout office

***** Each Pack must provide 1 adult for every 5 Scouts registered for each day of Camp *****

Our Cub Scout Camp is staffed entirely by volunteers; it takes 30 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?

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Den Walker | <input type="checkbox"/> Crafts | <input type="checkbox"/> Shooting Sports |
| <input type="checkbox"/> Field Sports | <input type="checkbox"/> Games | |
| <input type="checkbox"/> Songs & Skits | <input type="checkbox"/> Other _____ | |

2017 Cub Scout Camp Adult (18 and up) Volunteer Registration Form- Southern District

Sharon Park, Sharon, Virginia

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 Friday

Where would you like to volunteer?

- Den Walker BB's Field Sports Crafts
 Songs & Skits Archery Webelos/AoL

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

TRAINING:

PLEASE SUBMIT YOUR YOUTH PROTECTION TRAINING CERTIFICATE WITH YOUR APPLICATION OR PRIOR TO CAMP STARTING

MANDATORY TRAINING WILL BE HELD PRIOR TO CAMP.

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 or to the scout office.

Forms and additional information available online:

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

Questions? Contact Cindy Zollman: cedarspringz@comcast.net

2017 Cub Scout Camp Youth (14 to 17)
Volunteer Registration Form- Southern District
Sharon Park, Sharon, Virginia

PACK # _____

Name: _____

Email (required): _____ Parent/Guardian Email (required): _____

Mobile #: _____ Phone #: _____

Age on 7/10/2017: _____ 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 Friday

Where would you like to volunteer?

- Den Walker BB's Field Sports Crafts
 Songs & Skits Archery Webelos/AoL

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

I hereby give permission for my above named child to volunteer at Cub Scout Twilight Camp at Sharon 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 Cindy Zollman: cedarspringz@comcast.net