

COLONIAL VIRGINIA COUNCIL DAY CAMP REGISTRATION
2017 CUB SCOUT SUPER HEROS

YOUTH REGISTRATION FORM

Scout's Name																									PACK # _____
Address																									
City													ZIP:												
Home Phone () -													Cell Phone: () -												
Parent/Guardian Email																									
My Scout Will Be Entering _____ Grade in Fall 2017																									

My Scout will be attending Day Camp at the following location (fill in the appropriate circle):
All camps run 9am-3pm Monday thru Thursday and 9am-1pm Friday



New Quarter Park=317
Williamsburg, VA
June 19-23



Gosnold's Hope Park=117
Hampton, VA
June 19-23

Tiger Cubs Require a 1-to-1 Ratio of Youth to Adult Partner

Return this application, Health Forms (Parts A and B) and Camp Fees by **JUNE 3, 2017** to qualify for the Early Bird Registration
NEW TIGERS (1st Graders in Fall 2017): Will still receive the Early Bird Fee past JUNE 3RD.
Any registrations turned in after JUNE 3RD, 2017 will **NOT** receive a shirt and **NO** guarantee on a Patch

REGISTRATION FEES

Early Bird Registration (All forms turned in by JUNE 3 RD)										\$75	= _____ + = _____ + = _____
Shirt Size(Circle One): YS YM YL AS AM AL											
Youth Regular Fee (Added to forms turned in After JUNE 3 RD)										\$10	
Additional Shirt Order(List number desired under size), \$10 PER ADDITIONAL SHIRT:											
YS	YM	YL	AS	AM	AL	XL	2XL	3XL			
__	__	__	__	__	__	__	__	__			
**Additional shirts may not be added after JUNE 3 RD **											

X \$10

Fees are **NOT** refundable; but may be transferred to another Scout

TOTAL	_____
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WALKER REGISTRATION FORM

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**A Free Shirt will be provided to every Walker if registered by JUNE 3RD

Walker's Name																					PACK # _____	
Address																						
City											ZIP:											
Home Phone	()		-								Cell Phone:	()		-						
Email																						
Birthdate	__	/	__	/	__	(Walkers must be at least 18 years or older)										Shirt Size:	AS	AM	AL	XL	2XL	3XL

**

Attach Health Form Parts A and B to this application

Days you will be present to assist (circle all that apply):

MON TUES WED THU FRI

Are you a Registered BSA Adult Leader? **Yes No**

Position: _____

BSA ID#: _____

Date you completed Youth Protection Training:

To take Youth Protection follow this link:
<http://www.scouting.org/Training/youthprotection.aspx>

Are you First Aid Trained? **Yes No**

Are you CPR Trained? **Yes No**

Do you have any other training courses? **Yes No**

Additional Shirt (must be registered by JUNE 3RD): \$10/Shirt

AS___ AM___ AL___ AXL___ A2XL___ A3XL___

Why Den Walkers?

Each Den needs adult walkers to manage the scouts during the day.
BSA National Camping School standards require 1 Adult for every 4 scouts and 1 to 1 for Tigers, please coordinate with your pack to ensure that there is full week coverage.

WALKER STATEMENT

I agree to serve as a Den Walker, for the Den I am assigned by the Colonial Virginia Council Day Camp Staff. I further agree to observe and act by all promises of the Scout Oath and Scout Law.

Once all applications are received, the Day Camp Directors will assign Den Walkers accordingly. The first interest of our staff is the boys. The camp exists and operates for them. I am aware that there is NO GUARANTEE that I will be placed with my Scout, though the Directors will do their best to place as possible based on the number of Walkers available.

As a Day Camp Den Walker, I am expected to arrive by 8:45 am and must stay with my Den through the course of the day. I will also ensure that the scout's Adult signs them out at the end of the day.

Signed: _____

Date: ____/____/2017