HEROES, HEROES, EVERYWHERE!

RIO HONDO CUB SCOUT DAY CAMP JUNE 23 – 27, 2008

ADULT STAFF REGISTRATION FORM Date:_____

(Please PRINT legibly.)
Name:_____Unit#:_____
Address:_____Date of Birth:_____
City:_____Zip:_____Email:_____

Circle Scout Training Completed:

- Cub Fast Start
- New Leaders Essentials
- Leader Specific Training
- Woodbadge
- National Camp School
- CPR
- First Aid
- **Youth Protection** Expires on_____**
  **** Mandatory – Training will be provided if you are not current**
- Prior Day Camp Experience_____

Position Request:
Webelos Leader____ Cub Den Leader____ Crafts____ Sports____ Song & Skit____

WHAT SIZE SHIRT WOULD YOU LIKE? (Please circle one.)

Youth: L Adult: S M L XL XX XXXL

Important Phone Numbers
Home:( )_____Work:( )_____
Cell/Pager:( )_____Sitter:( )_____

Emergency Contact Numbers: ***Number must be relative/guardian closest to Day Camp**
Name:_____Relationship:_____
Phone:( )_____

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

_____

_____

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.

_____ _____ _____
Name Signature Date

I have contacted the director regarding volunteering as staff at the camp all 5 days and wish to utilize the discount for my Scout or Sibling (Name)_____

Please order __ extra T-shirts at $9.00 per shirt (Check to “LAAC – BSA”)

OVER
(Medical Form on other side.)