

**“Follow Me Scouts”**  
**Back to 100 Years of Scouting**  
**June 28<sup>th</sup> - July 2<sup>nd</sup>, 2010**

**RIO HONDO DISTRICT – CUB DAY CAMP**  
**REGISTRATION FORM – Non-Scout Participant**  
**Tiny Tots**

**PLEASE TYPE OR PRINT CLEARLY**

Name: \_\_\_\_\_ Pack #: \_\_\_\_\_

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

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

Parent/Guardian Name: \_\_\_\_\_

Youth T-Shirt size:  small  medium  large (\* some t-shirts may smaller in actual size)

**Important Telephone numbers:**

Home: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

Cell #: (     ) \_\_\_\_\_ Sitter: (     ) \_\_\_\_\_

**Emergency telephone numbers: *\*\*Number must be a relative/guardian close to Day Camp\*\****

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

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

Personal Physician /Medical Group information: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Are there any known health problems / conditions that may physically limit participation in day camp activities or events?  No  Yes / if yes please list below.

\_\_\_\_\_  
\_\_\_\_\_

***I certify (parent/guardian) that all the above information is current and accurate:***

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE