

# Monticello District Cub Scout Day Camp ADULT Registration Form (18 years and over)

Pack # \_\_\_\_\_

## Medieval Magic

Chris Greene Lake

June 16-19, 2008 (Monday to Thursday)

8:30 am to 4:30 pm

Name: \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_ Birth date \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Local Emergency Contact: \_\_\_\_\_ Phone (day): \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you a registered leader? Yes  No  Current Position \_\_\_\_\_

Have you received youth protection training? Yes  No  Date: \_\_\_\_\_

Any Scouting experience (years)? Youth \_\_\_\_\_ Adult \_\_\_\_\_

Any previous Day Camp experience? \_\_\_\_\_

Any Areas of special interest or expertise? \_\_\_\_\_

Camp Nurse  BBs  Archery  Lifeguard  Games  Crafts  Quartermaster (water runner)

Are you CPR Certified? Yes  No  Date Certified \_\_\_\_\_

Are you Red Cross First Aid trained? Yes  No

**I will volunteer** (circle days): All 4 Days Monday Tuesday Wednesday Thursday

I agree to follow all BSA Standards for adult volunteers and be at camp on the days indicated.

Date: \_\_\_\_\_ Signature of Adult Volunteer: \_\_\_\_\_

**Sibling Camp** is available for your children on the days you volunteer for a one time fee of \$10 per child. Children must be ages 2 to 14 and potty trained. Please complete Sibling Camp Registration forms.

Name and ages of Sibling Camp participants: \_\_\_\_\_

**In case of emergency**, I hereby give permission to the physician or other emergency medical personnel selected by the Camp Director or her designee to treat, transport, hospitalize, to provide anesthesia, and to order injection or surgery for myself without further authorization or permission.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the **Health Form** on the back.

**Attend Volunteer Training** June 5, 6-7 pm Aldersgate United Methodist Church or June 10 in Orange.

**For more information** try our website at <http://www.monticello.bsa-sjac.org/> or contact

Day Camp Registrar Susan Murphy at (434) 293-5634, [susan@cvillemurphy.com](mailto:susan@cvillemurphy.com)

Day Camp Director Vicky Tidman at (540) 854-6561, [GraemeNVicky@aol.com](mailto:GraemeNVicky@aol.com).