

2013 Prairielands Council Day Camp Registration Form Youth Staff

Note: This form must be turned in along with Parts A&B of the BSA Medical Form when registering for Day Camp.

Camp Location

- Camp Drake
 Urbana
 Tuscola

Contact Information (Please Print)

Troop/Crew (circle one) # _____

Scout Name _____ Home Phone (____) _____

Father's Name _____ Day Phone (____) _____

Mother's Name _____ Day Phone (____) _____

Address _____

City, ZIP Code _____

E-mail(s) _____

In case parents or guardians cannot be reached in an emergency, who else should be notified? This must be a local person who can pick up the Scout if necessary.

Name _____ Relationship _____ Day Phone (____) _____

Name _____ Relationship _____ Day Phone (____) _____

Is there anyone who is NOT allowed to pick up your child from Day Camp (for example, a custody issue)?

Name(s) _____

Scout Rank: First Class Star Life Eagle

T-Shirts

Each staff member receives a T-shirt if they are working four or five days. Additional shirts or shirts for those working one to three days can be ordered below.

- Youth Large (14-16)
 Adult Small
 Adult Medium
- Adult Large
 Adult Extra Large (XL)
 Adult 2XL

Staffing Information

I will work the following days: Monday Tuesday Wednesday Thursday Friday

I agree to follow all BSA Standards for Day Camp. I will be at camp on the days indicated. I understand that my Day Camp assignment may change daily. I will attend any required training sessions.

Date _____ Signature of Youth Volunteer _____

Do you need any special accommodations or considerations to work at Day Camp? _____

Have you worked with children in a group situation? Yes No

Have you previously worked at Cub Scout Day Camp? Yes No

Extra T-shirts (_____) at \$10 each..... \$ _____

FOR OFFICE USE ONLY

- Contact Information
 T-shirt Size
 Medical Form Attached
 Fee Paid