



**EAGLE BAY CUB SCOUT DAY CAMP 2019**  
*Superheroes*

**YOUTH  
 REGISTRATION**

**Must be in Office by July 6**

Pack Number \_\_\_\_\_ Rank (advanced as of Sept 1st, 2019)  Tiger  Wolf  Bear  Webelos and Arrow of Light

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Scouts Birthday: \_\_\_\_\_ Age \_\_\_\_\_ Grade: (going into in fall) \_\_\_\_\_

T-Shirt Size: **Child Sizes**  Small  Medium  Large **Adult Sizes:**  Small  Medium  Large

Special Instructions or Accommodations Needed:

---



---

Sibling Attending Day Camp? (not helping but actual camper) \_\_\_\_\_ Rank: \_\_\_\_\_

**All participating Tiger Cubs MUST be accompanied by an Adult Partner each day.**  
**Training is required for all Walkers and Station Leaders. See back for training dates.**  
**BSA Annual Health and Medical Forms Parts A & B are required for all youth and adult participants!**  
**There is no charge assigned to parent participants / volunteers.**

**Parent at Day Camp:**

Name \_\_\_\_\_ Relationship to Scout \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent will be attending camp on the following days:

**Wednesday** \_\_\_\_\_ *Helping As* \_\_\_\_\_

**Thursday** \_\_\_\_\_ *Helping As* \_\_\_\_\_

**Friday** \_\_\_\_\_ *Helping As* \_\_\_\_\_

***Parent at Day Camp: (Complete if more than one parent will be attending Day Camp)***

Name \_\_\_\_\_ Relationship to Scout \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent will be attending camp on the following days:

**Wednesday** \_\_\_\_\_ *Helping As* \_\_\_\_\_

**Thursday** \_\_\_\_\_ *Helping As* \_\_\_\_\_

**Friday** \_\_\_\_\_ *Helping As* \_\_\_\_\_

**Day Camp Director: Mischele Cheek, 614-783-0051**