

# Eagle Bay Cub Scout Day Camp Tot Lot Registration Worksheet

Ages 3 and potty trained – 12 years  
Tot Lot is available for all volunteers while camp is in session between 8 AM – 4 PM,  
no before or after care is available.

***Please complete this form and submit to your Pack Camping Coordinator  
with completed BSA Annual Health and Medical Record, Parts A and B.***

Name of Child \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Days Attending: Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Allergies Yes / No Medication Yes / No If yes, provide details: \_\_\_\_\_

## **SPECIAL INFORMATION ABOUT YOUR CHILD THAT MIGHT HELP STAFF**

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

## **IN CAMP PARENT/ GUARDIAN INFORMATION**

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

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent Role at Eagle Bay Cub Scout Day Camp \_\_\_\_\_

## **Secondary Contact Person:**

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

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**PERMISSION:** Relationship to Participant Parent \_\_\_\_\_ Guardian \_\_\_\_\_

I certify that the above information is correct and authorize the Applicant to fully participate in Tot Lot activities.

I will be at camp the entire time my son/daughter is present in the Tot Lot Program. I understand I am not allowed to bring anyone else's child. I understand that I must provide an BSA Annual Health and Medical Record, Parts A & B, and a copy of the child's medical insurance card.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_