

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,
before or after care is NOT 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 _____