

Cub & Webelos Resident Camp at Masonite-Navarro Registration Form

To In-FUN-ity and Beyond!

5:00PM June 22-2:00PM June 26



SCOUT'S INFORMATION

Scout's name _____ Age _____ Birth date _____ Grade ('12-'13) _____
 Pack# _____ District _____ Council _____
 Parent/guardian name _____ 2nd _____
 Mailing address _____
 City _____ State _____ Zip _____
 Primary phone _____ Email address _____
 Emergency contact name _____ Relationship to Scout _____
 Primary Phone _____ 2nd phone _____
 Special accommodations needed (i.e. dietary, lodging, accessibility) _____

Each Wolf, Bear, or Webelos Scout should have an adult partner attend camp with him. However, one adult could partner with up to two Wolf or Bear Scouts or up to three Webelos Scouts is OK. If an adult is responsible for more than one boy, fees for that adult should appear only on one form. The adult should be named on each boy's form with whom the adult is attending.

ADULT PARTNER'S INFORMATION Same as Parent above Do NOT add me to your mailing list

Adult partner's name _____ Relationship to Scout _____
 Mailing address _____
 City _____ State _____ Zip _____
 Primary phone _____ 2nd phone _____
 Email address _____
 Emergency contact name _____ Relationship to Scout _____
 Primary Phone _____ 2nd phone _____
 Special accommodations needed (i.e. dietary, lodging, accessibility) _____

CAMP FEES

Scout Fee: \$160 Adult Partner Fee: \$65 Deposit due with registration. Total due by May 25, 2012

Early Bird Pricing: Register by March 1 and save \$10 off SCOUT price listed below:

Total Fee	Deposit	# Attending	Amount Included per person	Totals
Scout = \$160	\$50	Scouts: _____ 1 _____	\$ _____	= \$ _____
Adult = \$65	\$35	Adults: _____	\$ _____	= \$ _____
Prepaid Trading Post Card (no need to carry cash). Available in \$5 increments (enter amount).				\$ _____
Adult paid with another Cub's registration. Name of Cub _____				= \$ 0
Late Fee per person = \$25/person after May 25, 2012				\$ _____ = \$ _____
Activity code 6040			Total Included	\$ _____

PAYMNET INFORMATION

Check form of payment: Check Visa or Mastercard Campership awarded Other _____
 CC # _____ Expiration _____ V-code (3 digits on back of card) _____
 Cardholder's name _____ Signature _____ Phone _____
My signature indicates that I agree to pay all fees in accordance with the credit card company.

Camp refund policy: No refund for deposit. 50% of total fee refunded if requested in writing prior to May 25, 2012. **Please complete the Activity Authorization and Consent Form on back. Consent form and Medical form A, B&C are required for all campers.**

Cub & Webelos Resident Camp at Masonite-Navarro 2012

Authorization and Consent Form (Adults must also complete for self)

Name of Scout/Camper _____ Date of birth _____

Pack number _____ District _____ Council _____

Dates Attending Camp: June 22-June 26, 2012 Adult Partner registered/attending w/ minor _____

If custody of the Scout is shared by two parents or legal guardians, this form must be signed and initialed by both parents or legal guardians. If there is one parent or legal guardian, his/her signature and initials are required. Please read thoroughly.

I, the undersigned parent/guardian, in consideration of the benefits to be derived, and in view of the fact that participation in Boy Scouts of America programs for is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of the above-named minor during this activity, I hereby agree to his participation in the Redwood Empire Council, BSA camping activity. I waive all claims against the leaders of this activity, officers of the organization and its representatives, the Boy Scouts of America and it's employees and volunteers. **Parental Consent to Treat Minor:** I, the parent/guardian named below, authorize the Camp Director of Camp Masonite Navarro, Redwood Empire Council, Boy Scouts of America, or his substitute, to consent to any necessary examination, treatment and/or hospital care to be rendered to the above-named minor child under the advice of any licensed physician under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or else where. I agree to pay for all services provided to my child in my absence. I further authorize the authorized adult partner or leader attending with the minor, or camp officer/representative of the council to receive physical custody of said minor upon discharge from a treatment health facility. **Photo Release:** I understand that promotional pictures are taken during camp and authorize the Redwood Empire Council, BSA, and the National Council, BSA, to use photographs of my son for promotional purposes. I certify that I have legal custody of the above-named minor child. I give my permission for above-named minor to attend the Redwood Empire Council Camp and allow above-named minor participation in all activities under the given leadership. I understand that it is the responsibility of the adult partner attending with the minor to carry out the permissions granted on this form.

Shooting Sports Program

I, the undersigned parent/legal guardian, give consent that the acting rifle range or archery instructor may furnish BSA approved firearm or archery equipment, respectively, to the above-named minor for the purpose of instruction in the safe handling and shooting of firearms or archery equipment and related activities. Please initial each box below where permission is granted for the minor to participate.

_____ BB Guns _____ Archery _____ Tomahawk _____ Observe rifle, shotgun, or black powder.

Climbing Program

I, the undersigned parent/legal guardian, understand that participation in the climbing program offered by the Redwood Empire Council, BSA, involves a degree of risk that could result in injury. I understand the risks of this activity and give my consent to participate in the climbing wall activities. I waive all claims I may have against the Boy Scouts of America, Redwood Empire Council, climbing directors, instructors or operators, employees, volunteers or sponsors associated with the climbing activities. Please initial each box below where permission is granted for minor to participate.

_____ The above named participant weighs between 45 lbs. and 250 lbs. and is age six or older.

_____ Horizontal traversing wall _____ Portable Climbing Wall

Aquatics Program

Check the BSA Aquatics activities in which the above named minor may participate.

_____ BSA Swim Test _____ Swimming _____ Boating

_____ I do not give the above-named minor permission to participate in the following activities: _____

Parent/Guardian Signatures

Parent/guardian name #1 _____ #2 _____

Relationship to minor _____

Mailing address _____

Best phone number/s _____

Email _____

Signature and Initials _____