

PARTICIPANT APPLICATION FORM, PAGE 1 OF 2

Registration must be postmarked by May 15, 2010

HIGHTOWER TRAIL DISTRICT CUB SCOUT DAY CAMP

Chamblee First United Methodist Church

June 14-18, 2010, 8:30 am – 3:00 pm

Please check one: CUB SCOUT

TAG-A-LONG (3 YEARS OR OLDER):

Camper's Name: _____ Pack #: _____

Address: _____

City: _____ Zip: _____ Phone #: _____

Age: _____ Birth Date: _____ Grade for 2010-2011 school year: _____

Parent/Guardian 1 _____ Work/Cell Phone #: _____

Parent/Guardian 2 _____ Work/Cell Phone #: _____

E-Mail Address(es): _____

Person(s) authorized to pick up camper:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Contact:

Name: _____ Phone Number 1: _____

Camp T-shirt:

The registration fee covers the cost of one t-shirt per camper. All campers **must** wear the t-shirt each day of camp.

Indicate Size: Youth Medium Youth Large Adult Small Adult Medium

Extra shirts (\$10.00 each prepaid) # _____ size(s) _____ Total \$ _____

Participant Medical Information:

A completed BSA Health and Medical Record must accompany the participant registration form. This form is available online at http://scouting.org/filestore/pdf/34605_Letter.pdf. Please complete Parts A and C only.

Please review the next page.

I understand that Day Camp capacity is limited, and campers are placed in order of receipt, of paid and completed applications and medical forms. I also understand that my Pack must provide 1 adult 5-day volunteer for every 4 scouts and siblings (aged 3-6) attending from my Pack.

I give permission for my child's photograph to be taken and used for promotional materials for future Atlanta BSA activities. I additionally give my child permission to fully participate in all of the activities offered at Day Camp unless otherwise noted. Exceptions: _____

Parent/ Guardian Name (Signature) _____ Date _____

STAFF USE ONLY:

Rec'd Date		Check #		Boy / Age		
Med Form		Check Amt.		Girl / Age		
				Account # 6801.332.20		

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BEFORE YOU SEND THIS APPLICATION, please double-check the following:

- I have filled out this registration information completely and enclosed payment. (Incomplete applications will not be processed.)
- A fully completed and signed BSA Health and Medical Record is enclosed for each participant.
- Camp T-shirt size has been checked.
- I understand that my son will be assigned to a “camp den” consisting of boys from several different packs. Effort will be made by camp staff to place at least two boys from the same Pack into the same camp Den.
- If I am volunteering, my adult application and BSA Health Form is completed and submitted with Scout’s application.
- Tagalong participant registration and BSA Health Forms are completed and submitted with the scout’s application. Tagalongs are only allowed to attend on the days that the parent is volunteering.

DAY CAMP FEE STRUCTURE:

Early Bird Day Camp fee is **\$75 per scout** by April 23, 2010.

Day Camp fee is **\$100 per scout** by May 15, 2010.

DISCOUNTS: Scout Sibling Discount of \$10 per Scout

Day Camp fee is \$50 per scout for children of 5-day volunteers.

There are no refunds.

No scout will be excluded for reasons of ability to pay. Campership and partial campership awards are available through the Atlanta Area Council. Contact District Director, Clay Ipsen, for applications at 770-989-2875 or email clay.ipсен@scouting.org.

PAYMENT OF FEES:

Make check payable to: **Atlanta BSA – Hightower Trail Day Camp**. Please include a check for EACH Cub Scout’s registration fee and include extra T-shirts costs.

Please mail your check, registration and health forms to:

**Hightower Trail Day Camp
BSA Volunteer Service Center
1800 Circle 75 Parkway, SE
Atlanta, GA 30339**

Questions about Registration or Camp? Send an e-mail to daycamp@hightowertrailbsa.com.

NOTE: You will receive a packet of information about the camp and more detailed instructions by the first week in June. Your registration is confirmed unless otherwise notified.

Please save a copy of this registration form for your records.