20	24 Arrowhead Distr Camp Location: <u>Sonora</u>				
This Registration is for:		_	-		-
Registrant Name:	-		Date	e of Birth:	
Camper/Tot-Lot/Junior Staff: Grade (as of Fall 2024):		024):	BSA/Cub Rank (a	as of Fall 2024):	
Address			City	Zi	p
Days will be Attending Ca	amp: Monday / Tues	sday / Wednesd	ay / Thursday		
Adults, if applicable: C.	PR: Firs	t Aid:	BB/Archery.:		(give expiration dates)
Parent/Guardian Name:		Email:		Phone:	
Emergency Contact Nam	ne:		Phone:		
Is there anyone restricted	from picking up this camp	er? []Yes / []No	If yes, who?		
	r Camp T-Shirt & Hat is th t-Lot: 1 Unofficial/Tot-Lot T-Sh uth Staff (Grades 6 & up): 1 You	irt		ades 1-5): <u>1</u> Camper T	
Indicate the shirt size for t <u>Tot</u> (one size)	his registrant: <u>Camper</u> Yth. Sm. Yth. Med Yth. Lg. Ad. Sm. Ad. Md. Ad. Lg.	☐ Yth	Junior Staff . Sm. Yth. M . Lg. Ad. Sn Md. Ad. Lg Ad. XI	n. 🗖 A g. 🏼 🗖 A	Adult Ad. Sm. Ad. Md. Ad. Lg. Ad. XL Ad. 2XL Ad. 3XL Ad. 4XL
For additional uniform items, pla	ease reach out to <u>daycamp@arr</u>	owheadlhc.org / 817-4.	56-7226. There is no	way to request extra it	ems on this form.
each day, in uniform. I ag	on of STAFF/CHAPERON ree to abide by all the rul	NES/JR STAFF/D es and regulations	of the camp. I w	ill do my best to t	, have read the job mp. I will arrive at 7:30am fulfill the job description of he Scouts BSA of America.
Signature:				Da	te:
For Adults – Have you ever	been convicted of a felony?	Yes / No Mi	isdemeanor? 🗌 Ye	s/ 🗌 No	
If yes to either, please explai					
I affirm that all informatio	n contained in this registr	ation is true and ac	curate to the best		
Signature:				Da	
Adults require two reference BSA or American Heritage Girls m			Training certificate that	is valid through the last	day of camp. Registered members of
Reference 1 – To whom it n registrant to properly superv	nay concern: I,		, attest to the ch	naracter and integri	ty of the above-mentioned
Signature:				Dat	e:
Relationship to registrant:		Email:		Phon	e:
Reference 2 – To whom it n registrant to properly superv	•	8.	, attest to the ch	naracter and integri	ty of the above-mentioned
Signature:				Dat	e:
Relationship to registrant:		Email:		Phon	e:

Your registration is not complete until you or your unit coordinator has paid online and all paperwork is turned in. All registrations must include a current Annual Health & Medical Record, part A & B (form 680-001 2019 Printing) valid through the last day of camp including month and year of all required immunizations and a photocopy of your current insurance card. (Only the date of last Tetanus shot is required for adults). *If requesting exemption to immunization on religious grounds, please turn in a signed copy of BSA Immunization Exemption Request (form 680-451 2012 Printing)*.

For Camp Use ONLY: REGISTERED / BSA MEDICAL / IMMUNIZATIONS / INSURANCE / CONTRACT / TRAINING / YPT