

## 2025 Arrowhead District Cub Scout Day Camp Registration Form

Camp Location: Sonora Park, Kennedale Camp Dates: 6/09/2025-6/12/2025

This Registration is for: Camper Tot-Lot Junior Staff (Grades 6 & up) Adult Position: \_\_\_\_\_

Registrant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Camper/Tot-Lot/Junior Staff: Grade (as of Fall 2025): \_\_\_\_\_

BSA/Cub Rank (as of Fall 2025): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Pack: \_\_\_\_\_

Zip: \_\_\_\_\_

Days will be Attending: Monday / Tuesday / Wednesday / Thursday

Adults, if applicable Give expiration dates CPR: \_\_\_\_\_ First Aid: \_\_\_\_\_ BB/Archery: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Emergency Contacts should be on Medical A&B forms

Is there anyone restricted from picking up this camper? YES / NO If yes, who? \_\_\_\_\_

**Uniform Order:** The Day Camp T-Shirt & Hat is the official uniform for Day Camp and MUST be worn each day.

Your registration includes: Tot-Lot: 1 Unofficial/Tot-Lot T-Shirt

Camper (Grades 1-5): 1 Camper T-Shirt & 1 Hat

Youth Staff (Grades 6 & up): 1 Youth Staff T-Shirt

Adult: 1 Adult T-Shirt

Indicate the shirt size for this registrant

<u>Tot</u>	<u>Camper</u>		<u>Junior Staff</u>		<u>Adult</u>	
(one size)	Yth. Sm.	Ad. Sm.	Yth. Sm.	Ad. Sm.	Ad. Sm.	Ad. 2XL
	Yth. Med.	Ad. Med.	Yth. Med.	Ad. Med.	Ad. Med.	Ad. 3XL
	Yth. Lg.	Ad. Lg.	Yth. Lg.	Ad. Lg.	Ad. Lg.	Ad. 4XL
				Ad. XL	Ad. XL	

For additional shirts, please indicated how many: \_\_\_\_\_

*For additional uniform items, please reach out to [daycamp@arrowheadllhc.org](mailto:daycamp@arrowheadllhc.org).*

*For Adults and Youth Staff* – Please review and sign this contract: I have read the job description for the position of STAFF/CHAPERONES/JR STAFF/DEN CHIEF for Cub Scout Day Camp. I will arrive at 7:30am each day, in uniform. I agree to abide by all the rules and regulations of the camp. I will do my best to fulfill the job description of my position and any other duties that may be assigned by the Camp Director and follow the policies of the Scouting America.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Adults* – Have you ever been convicted of a felony? Yes / No Misdemeanor? Yes / No

If yes to either, please explain:

I affirm that all information contained in this registration is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adults require two references and YPT training. Attach a valid Youth Protection Training certificate that is valid through the last day of camp.

**Reference 1** – To whom it may concern: I, \_\_\_\_\_, attest to the character and integrity of the above-mentioned registrant to properly supervise youth under the age of 18.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to registrant: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reference 2** – To whom it may concern: I, \_\_\_\_\_, attest to the character and integrity of the above-mentioned registrant to properly supervise youth under the age of 18.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to registrant: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**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).* Adult registration must include a valid YPT certificate.