

POTAWATOMI AREA COUNCIL WEBELOS RESIDENT CAMP
Registration Form

Please fill out an individual form for each person who will be in Camp

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ Grade in Sept 2010: _____ Pack No: _____

Address: _____ City: _____

Home Phone: () _____ Work/Cell Phone: () _____

Name of Parent or Guardian: _____

Email where parent can receive camp information _____

Webelos Resident Camp

___ Camp Long Lake

July 7-10, 2010

Rank

Rank at camp: This will be the Rank your son will be in for the 2010-2011 school year.

___Webelos I ___Webelos II

T-Shirts

Every Scout will receive one camp shirt (included in registration fee)
Additional shirts may be purchased for \$10 each.

___YM (10/12) ___YL (14/16) ___AS ___AM ___AL ___AXL ___A2XL ___A3XL

Camp Fees:

Scout Fees

\$125 "early bird discount" (received before or on May 1, 2010)

\$135 regular fee (after May 1)

\$150 at the door

Adult Fees

\$50 "early bird discount" (received before or on May 1, 2010)

\$60 regular fee (after May 1)

\$75 at the door

Name: _____

Pack: _____

Patrol: _____

Parent's Signature: _____ Date: _____

POTAWATOMI AREA COUNCIL WEBELOS RESIDENT CAMP Pack Transmittal Form

Please Submit this form with all Pack registrations being turned in each time doing so.

Cub Scout Pack #: _____ Pack Camp Coordinator: _____

Pack Coordinator Phone Number: _____ Email: _____

Cub Scouts Registering for Day Camp

Please include an individual Registration Form, Health & Medication Form, and Activity Permissions Form. Place a check mark in those columns indicating you have enclosed those forms.

Cub Scout Full Name	Rank at Camp	T-Shirt Size (YM, YL, Adult S,M,L)	Health Form Submitted	Activity Permissions Form Submitted	Fee Paid

Adult for Day Camp

Please include an individual Registration Form and Health Form for each adult. Please place a check in those columns indicating you have enclosed those forms. Please note that to keep Camp costs as low as possible, adults will not receive a free T-shirt. They may purchase one at \$10.

Leader Full Name	Registered Leader	Health Form Submitted	T-Shirts (\$10 each) (Adult S,M,L,XL, XXL,XXXL)	Fee Paid

Total Registration and Shirt Fees Enclosed: \$ _____

Webelos Resident Camp Activity Permissions Form

While at Camp, Scouts will participate in Waterfront activities and other activities. In order to participate in these areas we require the parents to complete the permission slips below. **Scouts who do not turn in permission slips WILL NOT be allowed to participate in these activities.** By signing the sections below you understand that reasonable measures will be taken to safeguard the health and safety of your child and that you will be notified as soon as possible in the event of an emergency. I will not hold responsible, Potawatomi Area Council of the Boy Scouts of America, the County of Waukesha and all of its officials, officers, employees, department and boards, the Camp Administration, lifeguards on duty, range operators or the adult leaders in charge, for accidents or sickness incurred. In case of illness or accident, I authorize that the onsite medical officer, on-call paramedics, a doctor's office, clinic or hospital give my child the proper medical treatment required.

Scouts Name: _____ Pack No: _____

Parent/Guardian Signature: _____ Date: _____

Shooting Sports

Archery and BB Gun shooting is conducted under a Boy Scouts of America certified Range Operator. All policies found in the Guide to Safe Scouting will be followed. Scouts must follow all directions given by the Range Operator.

My son is allowed to participate in archery: YES / NO initials _____

My son is allowed to participate in BB gun shooting: YES / NO initials _____

Swimming/Waterfront Activities

At locations offering swimming and other waterfront activities as one of their activities, a signed consent form is required. **NO SCOUT WILL BE ALLOWED IN THE WATER WITHOUT PARENTAL CONSENT.** Trained lifeguards are on duty and the child will be required to take a swim test to determine swimming ability.

My son is allowed to participate in swimming: YES / NO initials _____

Talent Release

I hereby assign and grant to the Boy Scouts of America, the right and permission to use and publish, photographs/film/video tapes/electronic representation and/or sound recordings, made of my child at Webelos Resident Camp, by the BSA from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast; electronic storage and/or distribution of said photographs/film/video tapes/ electronic representations and/or sound recordings without limitation at the discretion of the BSA. I specifically waive the right to any compensation I may have for any of the aforementioned.

My son is allowed to be photographed: YES / NO initials _____

Name: _____

Pack: _____

Patrol: _____