



Twilight Camp 2019 Application

One Form Per person

Early Bird Registration:
 \$50 Day Camp / \$65 Webelos Overnighter (Feb 1st until March 31st)
Registration: \$65 Day Camp/ \$80 Webelos Overnighter (April 1st to May 19th or camp is full)
Late Fee: \$15 (May 20th until June 9th)
 Late fee waived for new scouts.
Adults: \$15
Youth Staff: \$10

Adult/ Cub Participant Information	This form must be accompanied by the Medical Record Form (Part A&B), a copy of your Medical Card (front and back), and Youth Protection for adults.
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Application is for (check one only): ___ Cub Scout *-or-* ___ Adult *-or-* ___ Den Chief / Scout Helper

Pack #: _____ **T-Shirt Size (circle one):** YM YL AS AM AL XL XXL XXXL

Last Name: _____ **First Name:** _____

Address: _____ **Zip:** _____

Phone: _____ **Email:** _____

Age: _____ **Date of Birth:** ____/____/____ **Male** **Female**

Allergies/Medications: _____

Cub Participants Only	Complete only if this Application is for a Cub Scout (not Adult).
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Rank for Fall 2019 circle one): Tiger (1st Grade) **Wolf** (2nd) Bear (3rd) **New Webelos** (4th/5th) **Returning Webelos** (4th/5th)

Father's Name: _____ **Phone:** _____

Mother's Name: _____ **Phone:** _____

Adults who are authorized to pick up my Cub Scout from Camp (if not father or mother): _____

My Cub and a Parent will attend the Friday Night Campout (Webelos Only)

Adult Participants Only	Complete only for Adults—indicate in which position you prefer, however all adult positions to be determined by the Camp Directors. NOTE: Overnight ONLY adult does not count in 1:5 required ratio for unit.
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___ **Walk About Leader.** Must be at least 18 years old. Packs must provide 1 Walk About Leader for every 5 Cubs attending camp. We cannot guarantee that you will be assigned with your scout, but we will do our best.

___ **Camp / Station Staff.** Each pack must provide one adult leader for 4 days. Works at craft and game stations and as Range officers. Camp Staff must be over 14 years old. Boy Scouts under age 14 may work under the supervision of an adult. Range officers must attend BSA Range Officer training.

___ I have completed Youth Protection Training (required to attend Camp—good for 2 years). Date Completed: _____

___ I have a current CPR Card. ___ I am a registered Scout Leader. ___ I will attend Camp: Mon Tues Wed Thu Fri

Permission / Signature	Relationship to Participant (check one): ___ Parent ___ Guardian ___ Self
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I certify that the above information is correct and authorize the Applicant to fully participate in Twilight Camp (unless otherwise indicated). All Fee's Non-Refundable.

BB Gun and Archery Permission: I hereby grant permission for my son (whose name is on this application) to participate in all activities, including archery and BB gun range activities, at the Cub Scout Twilight Camp. I understand that these activities are organized and supervised by certified adult leaders.

Photo Release: I hereby assign and grant to the Capital City District, Golden Empire Council, Boy Scouts of America, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me by the Boy Scouts of America, and I hereby release the Capital City District, Golden Empire Council, Boy Scouts of America, from any and all liability from such use and publications. 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 Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Adult Signature: _____ **Date:** _____