



Northern Rivers District
2007 CUB SCOUT DAY CAMP
Tiger Partner Registration

Pack #: _____

DIRECTIONS: All Tiger Scouts attending camp (those that will be in the 1st grade in the Fall) must bring an assigned Adult Volunteer (18 years & over) with them to camp each day as their Partner. Each Tiger Partner must complete this form. Return completed form to Pack Day Camp Coordinator. **Incomplete forms will be returned.**

PLEASE PRINT NEATLY:

Name of Your Tiger Scout: _____

Your Name _____ Address _____

City _____ Zip _____ Age (if under 18): _____

Phone # _____ Alternate Phone: _____

Email _____

Please check all days that you are attending as your Tiger's Partner:

- Monday 6/25 Tuesday 6/26 Wednesday 6/27 Thursday 6/28

If you wish to have a camp t- shirt, please include payment for \$5.00 and note size below:

T-shirt size: Small Medium Large XLarge XXLarge XXXLarge

Please check all that apply:

- I hold a current CPR card I hold a current First Aid card I am an EMT, R.N. or M.D.

Medical Information:

Physician Name _____ Phone # _____

Allergies (please list all): _____

Conditions (please check any that apply):

- Convulsions/Seizures Diabetes Asthma Heart Trouble
 Kidney Disease High Blood Pressure Hemophilia ADHD
 Cancer/Leukemia Other

Please provide explanation for any checked boxes: _____

List medications to be taken at camp. Medication brought to camp MUST be in original container:

Emergency Contact(s):

Name: _____ Relationship: _____ Phone #: _____

IN THE EVENT OF AN EMERGENCY, I understand every effort will be made to contact the emergency contact listed above. In the event no one can be reached I hereby authorize the camp personnel to make such arrangements as deemed necessary in regards to transportation and emergency medical treatment.

Signature X _____ Date _____

Photo Release: By completing this application, you hereby authorize the use of your image in any photographs that may be used for news or promotion.

I am a registered BSA Adult