

TOP SECRET MISSION : POSSIBLE



June 28-July 2, 2010

PLEASE PRINT CLEARLY!! - REGISTRATION DEADLINE IS MAY 30, 2010!!!!

Camper's Name _____ Date of Birth _____
 Parent's Name (s) _____
 Address _____ School Grade 9/09 _____
 City / Zip _____ email _____
 Telephone numbers h _____ c _____ w _____
 Pack # _____ Leader's Name _____
 Rank **AFTER** June Graduation - circle one Wolf Bear Webelos 1 Webelos 2

Parents MUST be available by telephone during camp hours!!!!

ALL DAY CAMPERS WILL RECEIVE A CAMP T-SHIRT. THERE IS ONLY ONE SIZE. SO PLEASE DO NOT ASK FOR SOMETHING DIFFERENT.

Den Chiefs are welcome & needed!!!

Camp Cost is \$95.00 per camper
 Parent participation discount of \$12.00 per day will be refunded **AFTER** camp!!! One discount per family. All registrations must be accompanied by the \$95.00 camp fee for each camper. Camperships are available through Council.

Adult Staff Volunteers Receive a Discount on their Camper's Fees!!!

I, _____, agree to volunteer my services at the Santa Margarita District Carlsbad Day Camp on these days. (Circle all that apply.)

Monday Tuesday Wednesday Thursday Friday

Volunteers must complete Youth Protection Training and Safe Swim Defense, now available online. Cards will be required. Class 1 Physical Forms are required for each staffer. These forms are available on the Council website. Official BSA Class 1 forms for campers and volunteers are the ONLY forms accepted at this camp and are available on the Council website. ALL INFORMATION IS REQUIRED.

Photo Release: I hereby grant to the Boy Scouts of America (BSA) the right and permission to use and publish the photographs, films, videos, electronic representation, and / or sound recordings made during my child's participation in the Santa Margarita District Day Camp and hereby release 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 the foregoing and waive my right to compensation.

Parent / Guardian _____ Date _____

This aquatics camp sells out every year - send your registrations in early!! For availability updates telephone 760.732.3147.
Mail with payment made to "BSA" to 615 Cabezon Place, Vista 92081
smcampdirector@yahoo.com

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Sib App 2010

PLEASE PRINT ALL INFORMATION CLEARLY!!

CAMP DATES: JUNE 28 - JULY 2, 2010 / \$10.00 FEE FOR ALL SIBLINGS

Chipmunk's Name _____ Age _____

Parent's Name _____

Cellular Telephone Numbers _____

Will Your Chipmunk Celebrate a Birthday While at Camp? _____

I understand that siblings may attend the Chipmunk Program only on the days I am volunteering my time. _____(initial here)

I will be at camp these days:

M T W Th F ALL WEEK

I understand that Chipmunks must be at least four (4) years of age and toilet trained. _____(initial here)

I understand that I must file a Health History form for my Chipmunk with this application and the \$10.00 fee. *Health History forms are available on the council website and ONLY official BSA Class 1 forms will be accepted.* _____

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Parent / Guardian _____ Date _____

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SANTA MARGARITA DISTRICT - CUB SCOUT DAY CAMP

June 28-July 2, 2010 ~~~~ 9:00a.m. - 4:00p.m.

Volunteer Application - Print Clearly!

Day Camp 2010

Volunteer's Name _____

Address _____

Telephone numbers h _____ c _____ w _____

Pack # _____ Driver's License # _____ SS# _____

Have you ever served as staff at this camp before? _____ YES!! _____ No

If you are currently registered with BSA, in what position? _____

Please list any particular areas of experience working at camp / with Scouts _____

Emergency Contact _____

=====

(If under 18 years of age) Unit # _____ OA? _____ Rank _____

Parent/Guardian Name _____ tele _____

Den Chief Trained? _____ YES!! _____ No Unit Leader's Name _____

=====

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Official BSA Class 1 forms are the ONLY forms accepted at this camp!

CONFIDENTIAL

Signature _____ Date _____

**Mail to Camp Director, Amanda Rigby, 615 Cabezon Place, Vista 92081
smcampdirector@yahoo.com**