|  |  |  |  |
| --- | --- | --- | --- |
| Please circle days attending for the registrant. | | | |
|  | FIVE TRAILS DAY CAMP CAMP WISDOM – JUNE 18 - 22, 2018ADULT REGISTRATION FORM **(Please print in ink or type)** | M T W Th F |  |
|  | | | |

**Pack Day Camp Coordinators must return one (1) copy of form and all fees for each adult attending camp!**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Pack/Troop # |  | Date of Birth |  | Age |  | Sex | |  |
|  |  |  |  |  |  |  |  |  | |  |
| Address | | |  | City |  | State |  | | Zip |  |
|  | | |  |  |  |  |  | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Shirt size (circle size) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Adult S |  | Adult M |  | Adult L |  | Adult XL | | |  | Adult 2XL |  | | Adult 3XL | | |  | Adult 4XL | | |  | | | Adult 5XL | | | | |
| Name of spouse or emergency contact | | | | | | | | | | | | |  | | | Home phone | | | |  | | | | | Work phone | | |  |
|  | | | | | | | | | | | | |  | | |  | | | |  | | | | |  | | |  |
| Home address | | | | | | | | | | | | |  | | City | | | | |  | | | State | | |  | Zip |  |
|  | | | | | | | | | | | | |  | |  | | | | |  | | |  | | |  |  |  |
| Business address | | | | | | | | | | | | |  | | City | | | | |  | | | State | | |  | Zip |  |
|  | | | | | | | | | | | | |  | |  | | | | |  | | |  | | |  |  |  |
| If person above is not available in the event of an emergency, notify:  (available during camp hours and aware that they are listed) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Name | | | | | | | |  | Relationship | | | |  | | Home phone | | | |  | | | Work phone | | | | | |  |
|  | | | | | | | |  |  | | | |  | |  | | | |  | | |  | | | | | |  |
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I am currently certified in: **CPR**  Yes or No Certification Expires:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Aid** Yes or No Certification Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have current certification in either area, ***please provide a copy of your certification card along with your***  ***other***

***paperwork.***

**In addition** **to this ‘Adult Registration Form’, all adults must submit the following paperwork:**

|  |
| --- |
| **BSA Health and Medical Record (Parts A & B; all three (3) pages) + copy of Health Insurance card (front & back)**  <https://www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf>  Complete and return one (1) copy for every person attending. |
| **Adult Leader Agreement**  Each Day Camp Adult Leader must sign and return one copy along with their individual registration & medical form. |
| **Texas Youth Camp Safety Act Compliance Packet**  All adults attending Day Camp ***MUST*** submit the following three State of Texas required documents.  Please staple the three state documents together in this order.  **1. Adult In Camp State Compliance Form** - 1 copy  **2.** **Sexual Offender Database Check** - 1 copy  [https://records.txdps.state.tx.us](https://records.txdps.state.tx.us/)  **3. TXYC06-0014 # card – one copy**  State Mandated Face to Face Youth Protection Training  . |

**FEES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY CAMP FEES**  Shirt Fees Bus Fees  Adult Leader = $10.00 $15 / day (if riding)  $12.00 (above AXL) |  |  |  |  |  |
|  |  |  |  |  |
|  | **Shirt Fee** |  |  |  |
|  |  |  |  |  |
|  | **Bus Fees** |  |  |  |
|  |  |  |  |  |
|  | **TOTAL Individual Fees** |  |  |  |

Make check payable to: CIRCLE TEN COUNCIL, B.S.A.