

COLONIAL VIRGINIA COUNCIL DAY CAMP REGISTRATION 2015 AVIATION CAMP

YOUTH REGISTRATION FORM

Scout's Name																									PACK # _____				
Address																													
City													ZIP:																
Home Phone	()	-											Cell Phone:	()	-										
Parent/Guardian Email																													
My Scout Will Be Entering _____												Grade in Fall 2015																	

My Scout will be attending Day Camp at the following location (fill in the appropriate circle):



Gosnold's Hope Park=117
Hampton, VA
June 22-26



New Quarter Park=317
Williamsburg, VA
June 15-19



Nike Park=417
Carrollton, VA
June 15-19



Bronco Club=517
Franklin, VA
June 22-26

****Tiger Cubs Require a 1-to-1 Ratio of Youth to Adult Partner****

Return this application, Health Forms (Parts A and B) and Camp Fees by **May 15, 2015** to qualify for the Early Bird Registration
Registrations turned in after May 15, 2015 will **NOT** receive a shirt and **NO** guarantee on a Patch

REGISTRATION FEES

Early Bird Registration (All forms turned in by 15 MAY)									
Shirt Size(Circle One): YS YM YL AS AM AL									
Youth Regular Fee (Added to forms turned in After 15 MAY)									
Additional Shirt Order(List number desired under size), \$9 PER ADDITIONAL SHIRT:									
YS	YM	YL	AS	AM	AL	XL	2XL	3XL	
—	—	—	—	—	—	—	—	—	

\$75

\$10

X \$9

= _____

+

= _____

+

= _____

Fees are **NOT** refundable; may be transferred to another Scout

TOTAL

COLONIAL VIRGINIA COUNCIL DAY CAMP REGISTRATION
2015 AVIATION CAMP

WALKER REGISTRATION FORM

Walker's Name																										PACK # _____																				
Address																																														
City																					ZIP:																									
Home Phone	()					-					Cell Phone:					()					-																									
Email																																														
Birthdate ____/____/____ (Walkers must be at least 18 years or older)																														Shirt Size:					AS		AM		AL		XL		2XL		3XL	

A Free Shirt will be provided to every Walker

Attach Health Form Parts A and B to this application

Days you will be present to assist (circle all that apply):

MON TUES WED THU FRI

Are you a Registered BSA Adult Leader? **Yes No**

Position: _____

BSA ID#: _____

Date you completed Youth Protection Training:

To take Youth Protection follow this link:

<http://www.scouting.org/Training/youthprotection.aspx>

Are you First Aid Trained? **Yes No**

Are you CPR Trained? **Yes No**

Do you have any other training courses? **Yes No**

Why Den Walkers?

Each Den needs adult walkers to manage the scouts during the day.
BSA National Camping School standards require 1 Adult for every 4 scouts and 1 to 1 for Tigers, please coordinate with your pack to ensure that there is full week coverage.

WALKER STATEMENT

I agree to serve as a Den Walker, for the Den I am assigned by the Colonial Virginia Council Day Camp Staff. I further agree to observe and act by all promises of the Scout Oath and Scout Law.

Once all applications are received, the Day Camp Directors will assign Den Walkers accordingly. The first interest of our staff is the boys. The camp exists and operates for them. I am aware that there is NO GUARANTEE that I will be placed with my Scout, though the Directors will do their best to place as possible based on the number of Walkers available.

As a Day Camp Den Walker, I am expected to arrive by 8:45 am and must stay with my Den through the course of the day. I will also ensure that the scout's Adult signs them out at the end of the day.

Signed: _____

Date: ____/____/2015