



**SpaceQuest: Out of this World  
2010 Cub Scout Resident  
Camp at Kirby**

Bucks County Council, Boy Scouts of America

**Youth Application**

**Please use a separate form for each boy and each session**

Pack # \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Pack Coordinator name \_\_\_\_\_ Phone # \_\_\_\_\_

Camper Name \_\_\_\_\_ Fall '10 Grade \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact person/phone \_\_\_\_\_ / \_\_\_\_\_

Alternate contact person/phone \_\_\_\_\_ / \_\_\_\_\_

Physician name/phone # \_\_\_\_\_ / \_\_\_\_\_

Insurance name \_\_\_\_\_ Policy # \_\_\_\_\_

Please complete the appropriate health form for your session. All boys attending **camp for three nights** or less need **Part A and C only**. They do not need a physical exam or doctor signature. Boys who are attending for four nights need **Parts A, B and C**, including a physical exam and signature of a licensed physician. **A copy of the appropriate health form must be brought to camp with the individual and not sent to Council Office.**

I hereby assign and grant the local council and the 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 or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America 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 said photographs/film/videotapes/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.

**(See other side)**

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**Pack #** \_\_\_\_\_ **Camper Name** \_\_\_\_\_

Are you an **overnight** or a **day** camper? Indicate: Day \_\_\_\_\_ Overnight \_\_\_\_\_

Session attending (Check the **dates** of camping **nights** or **day** in the session attending):

Session	Thursday	Friday	Saturday	Sunday	Monday
1	7/15	7/16	7/17	7/18	7/19
2	7/22	7/23	7/24	7/25	7/26
3	7/29	7/30	7/31	8/1	8/2
4	8/5	8/6	8/7	8/8	8/9
5	8/12	8/13	8/14	8/15	

### FEES

Paid by	March 6 <sup>th</sup>	May 1st	May 2nd or later
<b>2-nights at camp</b>	\$120	\$140	\$150
<b>Additional nights</b>	\$50	\$60	\$65
<b>For the day only (9AM-5PM)</b>	\$50	\$60	\$65

Theme **T-shirt** order- **\$12.00/shirt** (Check the desired **number** and **size**):

Youth Medium _____	Adult Small _____	Adult Large _____	Adult XX Large _____
Youth Large _____	Adult Medium _____	Adult Extra Large _____	Adult XXX Large _____

**T-shirts need to be ordered by June 18th.**

A limited supply may be available at the camp store.

All camp fees are **non-refundable** but **transferable** to another scout in same Unit. Cancellation insurance may be purchased through TravMark by clicking on the TravMark logo on the [www.ockanickon.org](http://www.ockanickon.org) website. Financial aid applications are available at the Council Service Center.

Session fee as of date paid \_\_\_\_\_  
 Less \$25 deposit (if applicable) \_\_\_\_\_  
 T-shirts @\$12.00 \_\_\_\_\_  
 Total paid \_\_\_\_\_

I give permission for any photos taken of my son at Camp Kirby to be used for promotional purposes by Camp Kirby and Bucks County Council, BSA. I understand that Bucks County Council Camps have a "no refund" policy. I can purchase cancellation insurance through TravMark if I so choose.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Questions?** Call the Bucks County Council Service Center at 215-348-7205 or contact Viviane M. Hopper, camp registration, at [vhopper@bsaemail.org](mailto:vhopper@bsaemail.org).