



Medieval Times: Knights of the Round Table
2012 Cub Scout Resident Camp at Kirby
Bucks County Council, Boy Scouts of America



Youth Registration

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

Please print:

Pack # _____ District _____ Council _____

Pack Coordinator name _____ Phone # _____

Camper Name _____ Fall '11 Grade _____

Parent/guardian _____

Street Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____ Email _____

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 B only**. They do not need a physical exam or doctor signature. **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 fore going.

(See other side)

2012 Cub Scout Resident Camp

Youth Registration Page 2

Pack # _____ **Camper Name** _____

Are you an **overnight** or a **day** camper? Please circle: Day Overnight

Session attending – Circle the **dates** of camping **nights** (or **day** if day camper) in the session attending:

	Thur.	Fri.	Sat.	Sun.
Session 1	xxx	xxx	6/16	xxx
Session 2	6/21	6/22	6/23	xx
Session 3	6/28	6/29	6/30	xxx
Session 4	7/5	7/6	7/7	xxx
Session 5	7/12	7/13	7/14	xxx

2012 Fees (Youth) – Per Camping Night – If paid in full by:

If paid in full by:	March 12 th	March 13 th or later
1-night at Camp (only session 1)	\$75	\$85
2-nights at	\$140	\$150
3-nights at Camp	\$200	\$215

Theme **T-shirt** order- **\$12/shirt, \$14/shirt** for 2XL, 3XL - Enter 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 can be ordered until May 1st. - 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 at www.ockanickon.org/summer-camping/policies/travmark. Financial aid applications are available at the Council Service Center.

Session fee as of date paid	_____
Less \$25 deposit (if applicable)	_____
T-shirts (@\$12 or \$14)	_____
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 Leanne Vasold at the Bucks County Council Service Center at 215-348-7205 x102 or contact **Camp Kirby Registration** at registration@cubcampkirby.org.