

ADULT REGISTRATION June 3-5, 2013 (4:30 p.m. – 8:30 p.m.)

NAME:	AGE:	PHONE:		
ADDRESS:	C	CITY:	ZIP:	
Pack:	P	ack Position:		
Days in camp				
(Check all that apply): \Box	Monday	☐ Tuesday	☐ Wednesday	
Please check T-shirt size: Small				Other
Extra Tee shirt \$10.00 Please	check if you	want extra shirt	υ ====	
(There is an \$10.00 adult leader fee. V	Which covers th	e cost of your T-Sh	irt, insurance, and patch for	or the event. Please enclose
with application, made out to: Ozark 7				
There must be one adult each day for Please check the areas below where you I WOULD PREFER TO WORK IN Top DEN LEADER: Takes boys If assigned as a Den Leader, ARCHERY: Requires known BB GUNS: Must be NRA of ARTS AND CRAFTS: Wofers ARTS AND CRAFTS: Wofers ARTS AND CRAFTS: Wofers AND CRAFTS: Wofers AND CRAFTS: Wofers AND CRAFTS: Wofers ADMIN. HELPER: Teach some ADMIN. HELPER: Loves DEN CHIEF: Must be age PRE-CAMP HELPER: I compute I'LL DO ANYTHING FOR	ou are interested. THE FOLLOWI is from area to as I □do or □ dowledge of technic in military Instructures with the boy SE/DOCTOR: sports and games is with wood proto work with part 14 and a First Can help get thing.	I. NG AREAS. PLEA rea. Assists area lea o not want my son in que and safety facto cotor or willing to be ys on art/craft project Medical certification s to Cubs/Webelos objects during camp. Apperwork, supplies, leass Scout or above gs ready before cam	ASE RATE IN ORDER Of ders with activities, generating Camp Den. Check or any Camp Den. Check or any Camp Den. Check or any Camp BSA Range at the for both Cubs and Webern (list) The specified by Program In Maybe asked to help with the ists, etc. Does not work with for a natural Den Chief p starts (Doesn't count for	of PREFERENCE (i.e., 1, 2, 3) ral supervision of boys, etc. ne or the other, not both. Certification required. Officer before camp. belos. Director. ch cutting of pieces before with boys. f of a Pack.
		EALTH INFORMA		
I am in good physical health and have	no communical	ble diseases. I am ta	aking medication for	I am allergic to
leaders to seek medical treatment by a I assume all fi	physician or ho inancial respons	ospital. My personal sibility for the costs	l physician is: of such treatment over an	Phone: ad above the camp accident
insurance, in force for all registered pa		•		•
SIGNATURE: DATE:				
I understand that while attending Da	v Camp I will 1	an avample for the	a Sacreta I gamen to was	no glachol ou tobacco velella

I understand that while attending Day Camp I will be an example for the Scouts. I agree to use no alcohol or tobacco while around the Scouts, and to obey all rules and encourage good behavior.