



Return application to Piedmont Council, BSA  
10 Highland Way, Piedmont, CA 94611



**PIEDMONT COUNCIL SKULL & CROSSBONES DAY CAMP  
Application 2019**

June 3-7 1:00 PM – 5:30 PM, Family Picnic & Egg Drop Friday 5:30 PM – 7:00 PM

**Child INFORMATION**

Name \_\_\_\_\_ Parents' Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Street City zip  
Grade Entering as of 9/2019 2 3 4 5 (circle) T-shirt size \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Known Allergies: \_\_\_\_\_  
Is your child allowed to leave camp without an adult? Y N

My child will attend schoolmates. \$5 fee for supervision from schoolmates

**CUB SCOUT PACK (check one)**

Pack 3 Havens  Pack 4 Beach  Pack 5 Wildwood  Pack 6 Corpus Christi  Other: \_\_\_\_\_

My child  IS  IS NOT registered with Cub Scouts (check one)

(all registrants must complete and submit BSA or LFL registration form for insurance purposes)

*The camp is run by Scouts and Venturers. Your child will be in a den of 8-12 children, supervised by two Scout or Venturer staff members.*

*Does your child have special needs which require additional supervision? Please explain:*

**PARENT/ADULT INFORMATION**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

(non-parent must be at least 21 years old)

Emergency Contact # \_\_\_\_\_ Email Address \_\_\_\_\_

**PARENT VOLUNTEER OPPORTUNITIES**

On-site Day Camp Parent Helper: M T W TH F (circle days available)

Craft preparation: flexible times, 4-5 hours: Y N

Photographer: M T W TH F (circle days available)

Costco Run: flexible times, 1-2 hours: Y N

Supervise First Aid Station: M T W TH F (circle days available)

I can participate as a parent helper in the following other way: \_\_\_\_\_

**CAMP FEE** \* Adult Volunteers will be rebated \$20 after camp is held.

- \$150 Early bird registration: ends 2.15.19
- \$170 Regular registration: 2.16.18 - 4.30.19
- \$190 Late bird registration: starts 5.1.19

**MEDICAL HISTORY**

**Complete** and return Part A and Part B of the [BSA Medical Form](#)

**PARENT/GUARDIAN PERMISSION TO TREAT IN CASE OF EMERGENCY**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by the physician and me. In the event that I cannot be reached in an emergency, I, the undersigned parent or legal guardian of \_\_\_\_\_ (child's name), do hereby authorize the listed provisions of Section 25.8 of the Civil Code of California; including x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered. Specific instructions:

**THERE IS A \$5 CANCELLATION FEE. I ALSO UNDERSTAND THAT THE CAMP FEE CANNOT BE REFUNDED FOR CANCELLATIONS AFTER MAY 15, 2019.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_