

TWIN VALLEY COUNCIL ~ 2008 FUN WITH SON REGISTRATION

"Knights of the Roundtable"

- ◇ To register a youth for any of the Twin Valley Council Fun With Son Camps, complete the registration below and the health form found on reverse side.
- ◇ All Scouts must have an adult partner registering with them.
- ◇ All adults attending camp must also complete the appropriate health form found on reverse side.
- ◇ **All Scouts must register with their Pack. Individual registrations are not accepted.**
- ◇ This camp is open to all registered boys who have completed grades K – 4 by June 2008.

Youth _____ Pack # _____ Grade Fall 2008 _____

Address _____ City _____ Zip _____

Phone _____ Email Address for registration confirmation message _____

Name of adult attending camp (required) _____

CUB SCOUT FUN WITH SON CAMPS – FOR CUB SCOUTS WHO HAVE COMPLETED K – 4TH GRADES BY JUNE 2008.

Please indicate which Fun With Son camp you wish to attend.

- _____ May 30 – 31 Norseland Scout Camp
- _____ June 13 – 14 Norseland Scout Camp
- _____ June 20 – 21 Sportsman's Park, Sleepy Eye
- _____ June 20 – 21 Edge Water Park, Albert Lea
- _____ June 27 – 28 Cedar Point Scout Camp, Fairmont

Registration Fee if **registered by May 9th**
\$25 per boy/adult set; \$15 for additional boy
in same family.

Registration Fee after May 9th
\$35 per boy/adult set; \$25 for additional
boy in same family

T-SHIRT INFORMATION

T-shirts may be ordered for \$10 each. Please indicate size and quantity.

Include additional \$10 payment for each shirt ordered. This is the identical shirt boys received at Day Camp.

Youth Sizes: ___ Small ___ Medium ___ Large

Adult Sizes: ___ Small ___ Medium ___ Large ___ XL ___ 2XL ___ 3XL

PHOTO RELEASE: I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during my child's visit to the Twin Valley Council Cub Scout camp listed above, 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/video tapes/electronic representation and/or sound recording 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.

Parent's signature: _____ Date: ___/___/___

MY SON HAS PERMISSION TO PARTICIPATE IN BB GUN ACTIVITIES _____ Yes _____ No

(Very important! Your son can only be part of the BB gun activity if you give this written permission.)

Parent's signature: _____ Date: ___/___/___

**This is a Cub Scout experience only.
No siblings or non-Cub Scout youth should attend.**

NO CHILD WILL BE DENIED A CAMPING EXPERIENCE DUE TO FINANCIAL ISSUES.

Contact your Cubmaster for more information.

COMPLETE REVERSE SIDE OF THIS FORM ALSO!