



Twilight Camp Tot Lot Application

Tot Lot Registration:
\$25 for all 5 days or
\$7 Per Day

One Form Per person

Tot Lot Participant Information

This form must be accompanied by the Medical Record Form (Part A&B), and copy of your Medical Card (front and back),

Tot Lot Participant's Name: (all tot lot participants must be potty trained)

Last Name: _____ First Name: _____

Age: _____ Date of Birth: ____/____/____ Male Female

Days Participating (Circle One) Monday Tuesday Wednesday Thursday Friday All Days

Allergies/Medications: _____

SPECIAL INFORMATION ABOUT YOUR CHILD THAT MIGHT HELP STAFF DEAL WITH HIS/HER NEEDS: _____

Parent Information

Tot Lot is only open to children whose parents are working an activity area/Camp staff or adult volunteer at day camp.

Parent's Name at Camp:

Last Name: _____ First Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Activity working at day camp: _____

Secondary Contact Person:

Last Name: _____ First Name: _____

Phone: _____ Email: _____

Permission / Signature

Relationship to Participant (check one): Parent Guardian

I certify that the above information is correct and authorize the Applicant to fully participate in Twilight Camp (unless otherwise indicated). All Fee's Non-Refundable.

Photo Release: I hereby assign and grant to the Capital City District, Golden Empire Council, 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 by the Boy Scouts of America, and I hereby release the Capital City District, Golden Empire Council, Boy Scouts of America, from any and all liability from such use and publications. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/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.

Adult Signature: _____ Date: _____