

**Youth Registration Form
Scripps-Mesa Twilight Camp**

Scout's name: _____

Mother's Name _____ Father's Name _____

Unit number: _____ Birth Date: _____

Grade entering in the **Fall** of 2010: _____

T-shirt size (please circle one):

Child Med. ~ Child Lg. ~ Adult Small ~ Adult Med. ~ Adult Lg. ~ Adult XL ~ Adult XXL

Street/Apt #: _____

City _____ State _____ Zip code _____

Home phone: _____ Cell: _____

E-mail(s) _____

Camp activities include the use of wristrocket slingshots, physical sports and games. If your son cannot participate in any of the activities please list any restrictions.

I understand that Twilight Camp is from 3:30-7:30 PM at Breen Park in Mira Mesa, and have made arrangements to pick up my son by 7:30 PM.

The following adults are allowed to pick up my child from Twilight Camp:

Name	Phone
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1. _____

2. _____

3. _____

The following is **required** by BSA for all youth:

BSA Registration #: _____

Health and Medical Record form (include with payment and registration form)

\$75 fee per camper, make checks out to **BSA**

Mail completed forms and payment to: **San Diego – Imperial Council, BSA
1207 Upas Street, San Diego, CA 92103**

Signature/date of parent/guardian _____