

**Covered Bridge District Day Camp 2008
Tag Along "Tags" Individual Application
Must complete and attach Personal Health History Form**

"Tags" are the children up to age 7 or 1st grade for boys and 8 years old for girls, of **adult volunteers** at Day Camp.
Girls 8, 9 and 10 years old will be placed in dens as with the boys of the same ages.
All Tags **must be toilet trained**. Please complete **one form for each Tag from your family attending Day Camp**.

All forms from one pack must be submitted together.

The Tag program is provided as a service to our leaders who volunteer at Day Camp. Your child may participate in the Tag program **ONLY** on those days **when you are volunteering**.

1. Personal Information

Pack Number	Youth Name		
Street Address			
City, State, Zip Code:			
E-Mail (Please write legibly)	Home Phone	Other Phone or Pager	
In Case of Emergency Notify:	Relationship	Emergency phone number	
Birth Date (Month/Day/Year)	Age	<i>(Circle)</i> Male Female	Days you can work (Please circle) All five days M Tu W Th F
T-shirt size <i>Circle One Size</i> T-SHIRTS RUN SMALL, ORDER LARGER THAN NORMAL Each youth receives one t-shirt with paid registration. Additional T-shirts \$10			
Youth Small (6-8)	Youth Medium(10-12)	Youth Large(14-16)	Adult Small(34-36)
Siblings attending? Please give names and rank here:			
I give permission for my child to be photographed while at camp:		Yes	No
Guardian signature: _____			

PLEASE TURN OVER AND COMPLETE FORM

2. Registration Fees

Category	Fee Amount	Write Amount Here
Full Time Volunteer, Tag Fees: (Must work all five days)		
Registration (<i>Must register by May 5, 2008</i>)	Free	\$0
First T-Shirt	Free	\$0
Additional T-Shirts: (<i>Write size and quantity of shirts here</i>)		
	\$10/shirt	
Total Fees for Full Time Tags		

BEFORE YOU SEND THIS APPLICATION, double-check the following:

- I have filled out this registration information completely.
- Fully completed and signed medical/emergency form is completed for each Tag.
- Camp T-shirt information is complete.
- I understand that my child will be assigned to “Tag den” consisting of sibling children of various young ages and of both genders.
- I understand that this Tag Den will have at least one Adult Volunteer staffing it, and that the Day Camp will staff it (to the best of its capability) at a 1:4 ratio. Staffing may be through the use of teenage volunteers and Boy Scouts.
- I am volunteering, and my adult application is completed and submitted with this Tag’s application.
- I understand that applications and forms must be complete to be processed.
- Requested pick up authorization information is complete.
- Payment for correct amount is being mailed to the Business Manager.

Mail Checks, Registration forms, and medical/emergency forms to:

Renee Abernathy
 Covered Bridge Day Camp Business Manager
 2309 Alexander Farms Ct SW
 Marietta, GA 30064

You can send the application without the medical/emergency form, but the medical form must be received by June 6.

Make Cub Scout Day Camp Checks Payable to: "Atlanta Area Council, BSA – Covered Bridge Day Camp"

If you have questions, please e-mail us at cbdaycamp@gmail.com. This is the preferred method of communication.