

SAINT ANSELM YOUTH ACTIVITIES- **2009/2010 REGISTRATION YEAR**
TIGER SCOUT AND CUB SCOUT REGISTRATION

PLEASE PRINT ALL INFORMATION:

NAME OF CHILD: _____ GRADE: _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ DATE OF BIRTH: _____

SCHOOL: _____

PARENT/GUARDIAN E-MAIL ADDRESS _____

CHILD'S PHYSICIAN: _____ PHONE NO: _____

PHYSICIAN ADDRESS: _____

PLEASE LIST ANY MEDICAL OR PHYSICAL CONDITIONS YOUR CHILD MAY HAVE WHICH MAY AID US IN OUR RESPONSIBILITY FOR YOUR CHILD IN THIS ACTIVITY:

PERSON TO CONTACT IN AN EMERGENCY

NAME: _____ RELATIONSHIP: _____

TELEPHONE NO (DAY): _____ NIGHT: _____

I (Parent/Guardian) give permission for my child _____ to enter the CUB SCOUT program at St. Anselm's. I am aware that children who do not behave or are disruptive will be expelled from the program. No refunds will be given after October 30th.

DATE: _____ SIGNATURE: _____

The St. Anselm's Youth Council requires that parents of children enrolled in an activity give service to our programs. When an activity is over-enrolled, we reserve the right to give preference to those children whose parents are willing to give service to that activity. Please indicate the service you wish:



DEN LEADER
CO-LEADER

REVIEWED BY: _____

FEE RECEIVED BY: _____ CHECK: _____ CASH: _____

