

Silverado District Cub Scout Day Camp, Golden Gate Area Council

Daily Attendance and Release Form

Cub Scout Name _____

Is parent/guardian in camp? YES () NO ()

If YES, Name: _____ Cell: _____

Cub Scouts **MUST** be signed **IN** and **OUT** each day. Please list anyone who may or may NOT pick up your child from camp. We will not release your scout to anyone not on this list. (Exception: If you find it necessary for someone else to pick up your child, you must send a written, signed and dated, permission. *** Any child not picked up by the end of camp, whose parent or member of their approved list cannot be reached may be turned over to the American Canyon Police Department. ***)

Please list (PRINT) those approved to pick-up or drop off your child. Additional drivers may be listed on the back. Don't forget to include anyone you will be carpooling or teaming with.

Name

Contact Phone Number

Name

Contact Phone Number

Name

Contact Phone Number

Day	Sign In	Sign Out
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

This page will remain with the Den Leader who will accompany your scout in camp each day.

MEDIC ALERT: Please explain if there are issues we should be aware of (i.e. Asthma, Ventolin Inhaler, Allergies, etc.)

I hereby assign and grant to the 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 during this camp by the Boy Scouts of America, 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/videotapes/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.

Name: _____ Date: _____