



Day Camp Youth Volunteer/Parent Agreement
Baltimore Area Council, BSA
Harford District Cub Scout Day Camp
June 22nd - 26th 2026

Youth volunteer's name: _____ Troop/Crew _____

I give permission for the camp Medical Staff to administer the following over the counter medications if it is deemed necessary. (Place an X next to the medication allowed)

- _____ Acetaminophen (generally known as Tylenol)
_____ Diphenhydramine (generally known as Benadryl)
_____ Ibuprofen (generally known as Advil or Motrin)

PHOTO RELEASE: Harford District Cub Scout Camp (2026) has my permission to use my or my child's photograph publicly to promote the camp and/or Scouting America. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Name and Signature: _____ Date _____

Phone Number: _____

Upon signing this agreement:

- ❖ I believe that I have an obligation to my volunteer work, to my colleagues and to the Cub Scouts.
- ❖ I understand that in exchange for my volunteer service, I will earn service hours for school or scouts.
- ❖ I will seek to be fair and consistent with the Cub Scouts.
- ❖ I understand that alcohol and drug use is strictly forbidden.
- ❖ I will not submit the Scouts or Staff to any form of initiation.
- ❖ I will follow the guidelines in the Youth Volunteer Guide and will assist, to the best of my ability, in Day Camp operations.
- ❖ I will wear my camp uniform each day and assure that my dress is modest (no bellies showing, no short shorts, no low hanging shorts/pants).
- ❖ I WILL HAVE FUN!

I have read and understand this agreement and I understand that failure to abide by these rules could lead to dismissal from Day Camp.

Youth Volunteer Signature: _____ Date _____