Cabrillo Beach Youth Waterfront Sports Center

Cub Scout Belt Loop Rodeo Registration Form

Please Print!

Cub Scout Last Name _____ Cub Scout First Name _____ MI _____ Age _____

Home Address _____ ( ) Phone Number including Area Code _____

City _____ ST _____ Zip _____ Council _____ Unit _____

Select one class per period.

1 to 1:45	1:45 to 2:30	2:30 to 3:15	3:15 to 4
❑ Art	❑ Art	❑ Art	❑ Art
❑ Archery	❑ Archery	❑ Archery	❑ Archery
❑ Music	❑ Music	❑ Music	❑ Music
❑ Swimming	❑ Swimming	❑ Swimming	❑ Swimming
❑ Communicating	❑ Communicating	❑ Communicating	❑ Communicating
❑ Science	❑ Wildlife Conservation	❑ Science	❑ Wildlife Conservation
❑ Language and Culture	❑ Language and Culture	❑ Language and Culture	❑ Language and Culture
❑ Weather	❑ Weather	❑ Weather	❑ Weather

Guardian/Emergency Information

Parent/Guardian Name _____ ( ) Home Phone Number including Area Code _____

( ) Work Phone Number including Area Code _____

Emergency Contact Name _____ ( ) Home Phone Number including Area Code _____

( ) Work Phone Number including Area Code _____

- Does participant have a history of or currently have any physical limitations that might prevent him/her from fully participating in any classes? Yes No If yes, please describe.

  _____

- Please list any special medications, allergies to food or drugs or any pertinent medical information.

  _____

Parent/Guardian Signature below gives permission to use photos taken during class for Cabrillo Youth Center brochure or other promotional information.

Parent/Guardian Signature _____ Date: _____