

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 |
|--|--|--|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Art | <input type="checkbox"/> Art | <input type="checkbox"/> Art |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Archery | <input type="checkbox"/> Archery | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Music | <input type="checkbox"/> Music | <input type="checkbox"/> Music | <input type="checkbox"/> Music |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Swimming | <input type="checkbox"/> Swimming | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Communicating | <input type="checkbox"/> Communicating | <input type="checkbox"/> Communicating |
| <input type="checkbox"/> Geology | <input type="checkbox"/> Geology | <input type="checkbox"/> Geology | <input type="checkbox"/> Geology |
| <input type="checkbox"/> Science | <input type="checkbox"/> Science | <input type="checkbox"/> Science | <input type="checkbox"/> Science |
| <input type="checkbox"/> Language and Culture | <input type="checkbox"/> Language and Culture | <input type="checkbox"/> Language and Culture | <input type="checkbox"/> Language and Culture |
| <input type="checkbox"/> Wildlife Conservation | <input type="checkbox"/> Wildlife Conservation | <input type="checkbox"/> Wildlife Conservation | <input type="checkbox"/> Wildlife Conservation |
| <input type="checkbox"/> Geography | <input type="checkbox"/> Geography | <input type="checkbox"/> Geography | <input type="checkbox"/> Geography |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Weather | <input type="checkbox"/> Weather | <input type="checkbox"/> 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: _____