

Cherokee Scout Reservation

Adult Leader Data Registration Form

You will need to input a response for each of the following fields in order to register a Scout for Summer Camp in Black Pug – our event management system.

Adult Leader Information

Adult Leader Name: _____ Name Called: _____

Email Address: _____

Gender: _____ Date of Birth: _____

Youth Protection Training Date: _____ Occupation: _____

Medical & Special Needs Information

Allergies: _____

Dietary Restrictions: _____

Medical Concerns: _____

Mobility Concerns: _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Email Address: _____

Emergency Contact Cell Phone: _____