

REGISTRATION & AUTHORIZATION FOR YOUTH PARTICIPATION IN BSA TROOP 751 ACTIVITY

EVENT: _____ **DATE(s):** _____

For details check the troop website at www.troop751.org/?Forms, or call or email the Scoutmaster.

Fee 1st Scout \$ _____ + Fee brother Scout(s) \$ _____ + Fee for adult(s) if charged \$ _____ = TOTAL \$ _____
Amount (if any) to come from Scout Account: \$ _____

Note: Always check the publicized event details. Cost for weekend outings is usually constant but can vary on occasion. Most outings have a 50% discount (round up) for 2nd, 3rd, etc., Scouts in the same immediate family, but for some outings there is no multi-Scout discount. Parents do not pay to attend most outings unless there is a substantial per-head cost to the troop for all attendees.

On most weekend outings we leave from the St. Joe parking lot at 6 p.m. on Friday and return to the *Office Depot* parking lot sometime Sunday morning; you'll be called when we know when you can expect our return. Check publicized details.

AUTHORIZATION BY PARENT / GUARDIAN

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, participation in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son(s)/ward(s) during this activity or trip. I hereby agree to his (their) participation and waive all claims against the leaders of this activity or trip, the sponsoring organization and the officers, agents, and representatives of the Boy Scouts of America.

I further authorize the Troop 751 leaders to seek medical attention for my son(s)/ward(s) should a medical emergency occur. Permission is granted to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia or to order injection, medication or surgery for my son(s)/ward(s) to the extent required to provide necessary medical treatment. In addition, unless specifically revoked in writing prior to the outing in question, I authorize Troop 751 leaders to administer non-prescription medication to my son(s)/ward(s) for any non-life threatening medical condition that may arise while my son(s)/ward(s) are in their care. I further authorize the Troop 751 leaders to administer or dispense any prescription medication to my son(s)/ward(s) which I authorize and provide, with specific instruction as to timing and dose given on the prescribed form. I hereby release any such leader acting in good faith in administering any medication or providing any medical attention or seeking medical services from any liability for injury or death that could result to my son(s)/ward(s).

SCOUT NAME(S): _____

PARENT/GUARDIAN SIGNATURE: _____ Date _____

ADDRESS (If not same as Scout): _____

PARENT'S TELEPHONE NUMBERS DURING EVENT:

Home: _____ Day / Hours: _____

Other: _____ Day / Hours: _____

Other: _____ Day / Hours: _____

SEND A NEW MEDICATION SCHEDULE FROM THE TROOP WEBSITE WITH ALL MEDICATION.
SUBMIT A NEW HEALTH HISTORY PART A FORM WHEN THERE IS ANY CHANGE IN MEDICAL INFORMATION.

THE TROOP DEPENDS ON PARENTAL INVOLVEMENT:

Will you attend as a supervisor? circle: **YES NO** Name (if yes): _____

Can you drive? circle: **YES NO** How many Scouts+gear can you carry **TO / FROM** this event? _____
All passengers must have a seat belt! (circle 1 or both)

----- THE FOLLOWING IS FOR TROOP USE -----

MEDICAL FORM: CURRENT _____ EMERGENCY: _____

DATE FORM RECEIVED: _____ RECEIVED BY: _____

EVENT FEE RECEIVED: \$ _____ CHECK # _____ CASH _____ S/A _____