BOY SCOUT TROOP 116 - EVENT REGISTRATION/PERMISSION FORM

ACTIVITY:		SCOUT NAME:	
DEPARTING:		PATROL:	
RETURNING:			

COST/SCOUT:		REGISTRATION FORM AND FEES DUE BY:	
COST/ADULT:			

CHECK HERE AND RETURN FORM IF YOU ARE NOT GOING! → ☐ **NOT GOING!**

EMERGENCY CONTACT INFORMATION:

Parent Name:		Emergency Contact:	
Home Phone:		Phone:	
Work Phone:			
Cell Phone:		Doctor Name:	
Pager:		Doctor Phone:	

Parent Name:		Dentist Name:	
Home Phone:		Dentist Phone:	
Work Phone:			
Cell Phone:		Insurance Carrier:	
Pager:		Insured's Name:	
		Policy/ID#:	

Allergies:
Medications:
Other Health Info:

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son, I agree to his participation and waive all claims against the leaders of this trip; officers, agents, and representatives of the Boy Scouts of America and Troop 116; and the troop Chartered Organization (sponsor). In the event of an emergency, the troop unit leader of the activity has my permission to obtain medical treatment for my son at the nearest hospital or medical facility at my expense, if our own doctor is not readily available. During the activity described above, I can be contacted at the phone numbers listed above.

Name of adult(s) attending event: _____ ☐ Not attending event

Adult vehicle to be driven to/from event: _____ ☐ Not driving to event

Is the above information accuracte?: ☐ YES ☐ NO - I have updated the info

_____ _____ $ _____

Signature of Parent or Guardian | Date | Fees Attached