

Name of Activity			
Date (s)			
Time (s)			
Departure Date/Time			
Departure Place			
Trip/Activity Location			
**Cost per Person			
Activity/Trip Coordinator			
Deadline to Register			
Uniform	Class A	Class B	None

Text: (explain trip or activity)

Equipment / Gear Required:	
Special Notes / Handling	

**The Registration Form must be received and paid for by the deadline date.
 If a departure date/time/place is designated above please be on time, as the group will depart promptly at the time indicated.**

Troop Policy Reminder

Electronic Devices, to include iPods, Game Boys and similar devices are not allowed to be brought on trips by any scout.

Cell phones may be possessed by a scout but may not be used except in an emergency situation or by permission of an adult leader.

ACTIVITY:	
DATE/TIME:	
LOCATION:	

PERMISSION FORM

I, _____ give permission for my son(s) _____, full participation in this program. My son(s) and I have read the Activity Info Form and agree to be prepared for this activity. My son(s) and I have discussed appropriate behavior on an activity of this nature and agree that he (they) will conduct himself (themselves) as befits a good Scout, including respect for the adult leaders, the other scouts and the environment. Failure to behave properly may disqualify my son(s) from future scout activities of this or any nature.

My son(s) will/will not (circle one) be accompanied on this activity by a parent.

I can transport scouts: To Back Both I have room for ___ additional scouts.

My son will be transported To Back Both by _____
phone number(s) _____.

During the time of this activity, I can be contacted by phone at _____.

An alternate contact is _____ (relative/friend) at _____.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

(Signature of parent/guardian or adult)

(Date)

There are/are no (circle one) medical conditions or medications that the Scoutmaster or other adult trip leaders should be aware of (give details):

REGISTRATION

Scout Name(s) _____

Other Person's Attending _____

Amount Enclosed \$ _____

For Merit Badge Events

Merit Badge Available: _____ Participating Yes No