BSA TROOP 17 – Denville, N.J.
Annual Scout (Adult Scouter) Registration/Permission Form 2011-2012
PLEASE PRINT ALL INFORMATION CLEARLY

Name	**Name:** _____ Check one: ☐ Youth Scout ☐ Adult Scouter Date of Birth: _____ Grade (Fall 2011) _____
Contact	**Address:** Street: _____ City: _____ State: NJ Zip Code:_____ Home phone number:_____ Parent cell phone number:_____ Parent (Guardian) Name: _____ Please print clearly both Mom and Dad names Use the following E-Mail Address(s): ☐ Scout: _____@_____ ☐ Parent: _____@_____
Consent	I/we the undersigned do hereby consent to authorize and direct Al Green and/or any other adult leader for Boy Scout Troop 17 to have charge of my child's behavior and obtain for _____, my child, such medical care, treatment, or hospitalization as may be necessary during the full time away on any Boy Scout outing or meeting. I/we consent that my son may be photographed, video taped, and/or recorded and the images/ recordings may be made public in newspapers, TV, radio, Internet or other media. ☐ Yes ☐ No **Parent Signature:**_____ **Date:**_____

Please return this form for each scout or adult scouter.
Include payment of **$45.00 for scouts; $35 for 2nd scout in same family; $25 for adults**.
Checks should be made payable to **BSA Troop 17**.

This form is **due** back before the end of **September 2011**.

For Troop Use:
☐ Annual Health and Medical Form Received
☐ Dues Paid $_____
☐ Shirt Order $_____