BSA TROOP 17 – Denville, N.J.
Annual Scout (Adult Scouter) Registration/Permission Form 2009-2010
PLEASE PRINT ALL INFORMATION CLEARLY

Name

Name: _____

Check one: ☐ Youth Scout ☐ Adult Scouter

Date of Birth: _____

Grade (Fall 2009) _____

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: _____@_____

Size

Troop Shirt Size:

S_____ M _____ L _____ XL_____ XXL_____

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**.
All T-Shirts for anyone are at $5.00 per t-shirt additional to the above dues.
This form is **due** back before the end of **September 2009**.

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