BSA VENTURING CREW 17 – Denville, N.J.
Annual Registration/Permission Form 2009-2010
PLEASE PRINT ALL INFORMATION CLEARLY

Name

Name: _____

Check one: ☐ Venturer ☐ Adult

Date of Birth: _____

Grade (Fall 2009) _____

Current Rank Achievement in BSA or GSA(if applicable): _____
Current Registration Number in BSA (if applicable): _____

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):

☐ Venturer: _____@_____

☐ Parent: _____@_____

Size

Troop Shirt Size:

S_____ M _____ L _____ XL_____ XXL_____

Consent

I/we the undersigned do hereby consent to authorize and direct Karen Rosencrans and/or any other adult leader for Venturing Crew 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 venturer or adult leader.
Include payment of **$25.00 for scouts or adults not already registered in Boy Scouting.**
Checks should be made payable to **Crew 17**.
This form is **due** back before the end of **September 2009**.

For Crew Use:
☐ Annual Health and Medical Form Received
☐ Dues Paid $_____