BSA VENTURING CREW 17 – Denville, N.J.
Annual Registration/Permission Form 2010-2011
PLEASE PRINT ALL INFORMATION CLEARLY

Name	**Name:** _____ Check one: ☐ Venturer ☐ Adult Date of Birth: _____ Grade (Fall 2010) _____ 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	**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 2010**.

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