



Boy Scouts of America
Troop 29 Summer Camp 2010
Hawk Mountain Scout Activity Registration Form

Scout Name: _____

Activity Title: Summer Camp 2010 at Hawk Mountain
Activity Location: Base Camp – Hawk Mountain Scout Reservation – Reading, PA
 Boots and Paddles – Appalachian Trail and Upper Schuylkill River
Activity Dates: June 20 -26, 2010

Cost per Scout (CHECK ONE):

_____ Base Camp:	\$300 (price includes \$30 deposit fee)
_____ Base Camp + COPE	\$316 (13 years old minimum)
_____ Boots and Paddles:	\$395 (price includes \$30 deposit fee)

Gathering/Returning Location: Red Clay Creek Presbyterian Church
Gathering Date & Time: June 20, 2010 - time TBD
Returning Date & Time: June 26, 2010 - time TBD
Deadline to Register: February 1, 2010 - with \$30 Non-Refundable deposit
Deadline for Final Payment: May 10, 2010 - see fee schedule on Activity Sheet

Be sure to read the Activity Sheet for program details, logistics information, and more.

Medical Information: TO BE SIGNED BY PARENT OR GUARDIAN

(check applicable boxes and provide information where requested)

- There have been NO CHANGES in this Scout's medical facts, history or insurance since the last health forms submitted.
- There HAVE BEEN SOME CHANGES in this Scout's health form information; I have noted those changes on this form.
- This Scout will need medications during this activity and I grant permission to the Tour Leader (or designee) to administer the medications as instructed on the Troop Medication Form which I will provide prior to departure.

I hereby grant permission, as the parent or guardian of this Scout, for him to (a) attend and participate in this troop activity; and (b) travel to / from the activity with the troop's volunteer parents or adult leaders. I also grant permission to these adult leaders to provide this Scout with the non-prescription medications which are checked on the list below as symptoms arise during the activity.

Non-prescription List: Tylenol® Advil® Motrin® Aspirin
 (check all which apply) PeptoBismol® Tums® Immodium AD® Benadryl®

Parent / Guardian Signature: _____ **Print name:** _____

Travel Information:

Will this Scout be traveling with the group? (If "no", provide Special Arrangements information below)

From gathering point to Activity ? Yes No Returning from Activity back to gathering point? Yes No

Special Departure Arrangements: (only complete this section if applicable)

- This Scout will not travel to the activity with the group — he will go directly to the activity as follows:
 Scout travel arrangements (include name of adult): _____
 Scout will arrive at the activity on (day) _____ at (time) _____

Special Return Arrangements:

- Scout will not travel back from the activity with the group — he will depart from the activity as follows:
 Scout travel arrangements (include name of adult): _____
 Scout will leave the activity on (day) _____ at (time) _____

- As a parent or guardian I will volunteer to help transport Scouts to / from this activity; please contact me if needed.
- I have provided my contact information on this form where I can be reached while this activity is under way.

Parent / Guardian Email & Contact Information: _____

Financial Direction: Please indicate preferred payment method for this trip below.

- Check Attached Cash Provided Invoice Scout Billing Account Withdraw Scout Savings Parent Initials: _____



For Registration / Tour Leader Use

Rec'd On: ___/___/_____	Rec'd By: _____	Notes:
Departure Check-In: <input type="checkbox"/> By: _____	Signed Out By: _____	
Medicines Checked In: <input type="checkbox"/> Yes By: _____ <input type="checkbox"/> No		