



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: \_\_\_\_\_



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**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		