



Boy Scouts of America
Troop 29
Beach Camping Scout Activity Registration Form

Scout Name: _____

Activity Title: Cape Henlopen Beach Camping
Activity Location: Cape Henlopen State Park
Activity Dates: August 20 – 22, 2010
Cost per Person: \$26/Scout
Gathering/Returning Location: Red Clay Creek Presbyterian Church
Gathering Date & Time: August 20, 2010 5:30 PM
Returning Date & Time: August 22, 2010 Time to Be Determined prior to campout
DEADLINE TO REGISTER: August 9, 2010

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 Contact Information: _____

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

Check Attached Invoice Scout Billing Account 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		