



Boy Scouts of America
Troop 29 - Scout Registration Form
Camping trip

December 16-18th, 2016 Brandywine Creek State Park

Scout Name: _____

Activity Title: **Orienteering – Brandywine Creek State Park**
Activity Location: **Primitive camp ground (41 Adams Dam Rd. Wilmington, DE)**
Activity Dates: **December 16-18, 2016**
Cost per Person: \$20/Scout
Gathering/Returning Location: **Red Clay Creek Presbyterian Church**
Gathering Date & Time: **December 16, 2016 5:30p.m.**
Returning Date & Time: **December 18, 2016 12:30p.m.**
DEADLINE TO REGISTER: **November 28, 2016**

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

Parent Approval: Registration/signing below for this activity commits the Scout and his parents for full cost of Activity.

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®

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

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

Parent / Guardian Signature: _____ Print name: _____

Parent / Guardian Email _____

Contact Information: _____



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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.

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		