



Boy Scouts of America

Troop 29

First Year Scout Activity Registration Form

Scout Name: _____

Activity Title: Summer Camp 2019 at Rodney Scout Reservation

Activity Location: Base Camp – Rodney Scout Reservation – NorthEast, MD

Activity Dates: July 14 – 20, 2019

Base Camp Fee: \$515 per scout if fully paid by April 15th.
\$540 per scout if fully paid AFTER April 15th.

Fee Schedule

Please note that the troop must meet specifically defined payment deadlines. If we do not pay on a timely basis we are charged late fees. **ALL Fees are NON-REFUNDABLE.** Please note the following.

Base Camp Fee:	<u>Scout Fee Schedule –</u>		
	Initial Deposit:	\$100	Due by April 1, 2019
	Final Payment:	\$415	Due by April 29, 2019
	Late Payment Fee:	\$ 25	If final payment received after April 29, 2019

Gathering/Returning Location: Red Clay Creek Presbyterian Church

Gathering Date & Time: July 14, 2019, Time 11:00 AM

Returning Date & Time: July 20, 2019, Time 1:00 PM

Last Date to Register: May 13, 2019

All scouts attending summer camp will receive three T29 Class-B shirts (1 each color). Please select size and indicate if you wish additional shirts. Additional shirts available at \$12 each.

____ Youth-M ____ Youth-L ____ Adult-S ____ Adult-M ____ Adult-L ____ Ad-XL ____ AD-XXL

Only for additional shirts indicate Color. Additional shirts \$12ea. ____ Red ____ Yellow ____ Blue

Special Permissions & Medical Information Required: TO BE SIGNED BY PARENT OR GUARDIAN

(check applicable boxes and provide information where requested)

1. BSA Health Form parts A,B,C signed by qualified physician.
2. Troop 29 Code of Conduct form signed by scout and parent/guardians.
3. 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:	<input type="checkbox"/> Tylenol®	<input type="checkbox"/> Advil®	<input type="checkbox"/> Motrin®	<input type="checkbox"/> Aspirin
(check all which apply)	<input type="checkbox"/> Pepto Bismol®	<input type="checkbox"/> Tums®	<input type="checkbox"/> Imodium AD®	<input type="checkbox"/> 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		