



**Boy Scouts of America**  
**Troop 29**  
**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 15<sup>th</sup>.

**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: [Scout Fee Schedule](#)  
 Initial Deposit: \$100 Due by March 4, 2019  
 Final Payment: \$415 Due by April 15, 2019  
 Late Payment Fee: \$ 25 If final payment received after April 15, 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:  Tylenol®  Advil®  Motrin®  Aspirin  
 (check all which apply)  Pepto Bismol®  Tums®  Imodium 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		