

**BSA TROOP 17 - Denville, N.J.**  
**Annual Scout (Adult Scouter) Registration/Permission Form**  
**PLEASE PRINT ALL INFORMATION CLEARLY**

<b>Name</b>	<b>Name:</b> _____ <b>Check one:</b> <input type="checkbox"/> <b>Youth Scout</b> <input type="checkbox"/> <b>Adult Scouter</b> <b>Date of Birth:</b> _____ <b>Grade (Fall 2016)</b> _____
<b>Contact</b>	<b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> NJ <b>Zip Code:</b> _____ <b>Home phone number:</b> _____ <b>Parent cell phone number:</b> _____ <b>Parent (Guardian) Name:</b> _____ <div style="text-align: center; font-size: small;">Please print clearly both Mom and Dad names</div> <b>Use the following E-Mail Address(s):</b> <b>Scout:</b> _____ @ _____ <b>Parent:</b> _____ @ _____
<b>Consent</b>	<p><b>I/we the undersigned do hereby consent to authorize and direct Al Green and/or any other adult leader for Boy Scout Troop 17 to have charge of my child's behavior and obtain for _____, my child, such medical care, treatment, or hospitalization as may be necessary during the full time away on any Boy Scout outing or meeting.</b></p> <p><b>I/we consent that my son may be photographed, videotaped, and/or recorded and the images/Recordings may be made public in newspapers, TV, radio, Internet or other media. YES NO</b></p> <p><b>Parent Signature:</b> _____</p> <p><b>Date:</b> _____</p>

**Please return this form for each scout or adult scouter.**

**Include payment of \$58.00 for the 1<sup>st</sup> scout; \$46 per scout for the 2<sup>nd</sup> or more in the same family, \$33 for adults.**

**Checks should be made payable to BSA Troop 17.**

**This form is due back before the end of September 2016.**

**For Troop Use:**

Annual Health and Medical Form Received ☐  
 Dues Paid ☐  
 Shirt Order