

BSA TROOP 17 - Denville, N.J.

Annual Scout (Adult Scouter) Registration/Permission Form 2016-2017

PLEASE PRINT ALL INFORMATION CLEARLY

Name	Name: _____
	Check one: <input type="checkbox"/> Youth Scout <input type="checkbox"/> Adult Scouter
	Date of Birth: _____
	Grade (Fall 2016) _____
Contact	Address: _____
	City: _____ State: NJ Zip Code: _____
	Home phone number: _____ Parent cell phone number: _____
	Parent (Guardian) Name: _____ <small>Please print clearly both Mom and Dad names</small>
	Use the following E-Mail Address(s):
	Scout: _____ @ _____ Parent: _____ @ _____
Consent	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.
	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
	Parent Signature: _____
	Date: _____

Please return this form for each scout or adult scouter.

Include payment of \$58.00 for the 1st scout; \$46 per scout for the 2nd 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**