



Boy Scouts of America
Troop 29 Summer Camp 2012
Camp Rodney Scout Activity Registration Form
(SECOND-YEAR SCOUTS and Older)

Scout Name: _____

Activity Title: Summer Camp 2012 at Camp Rodney
Activity Location: Camp Rodney Scout Reservation – Beachcomber site
Activity Dates: August 5-11, 2012

Cost per Scout: Beachcomber Base Camp \$360.00

Gathering/Returning Location: Red Clay Creek Presbyterian Church
Gathering Date & Time: Sunday, August 5, 2012 - time TBD
Returning Date & Time: Saturday August 11, 2012 - time TBD

Deadline to Register and for Final Payment: April 23, 2012 - \$360.00 balance
Late Fee: - \$25.00

Optional Shirt Order (Class B):
Yellow Shirt: *Circle* size: (Adult sizes: S M L XL 2XL) # _____ @ \$10 each = \$ _____
Red Shirt: *Circle* size: (Adult sizes: S M L XL 2XL) # _____ @ \$10 each = \$ _____

Note: You do not need to order any shirts if you already have Troop 29 Class B Shirts from previous years. **At least one yellow and one red Class B shirts are required.**

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

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®

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 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		