

TROOP 149 CHARTER and NEW SCOUT INFORMATION

Scout 1 Name: _____ Date of Birth: _____ Rank: _____
 BSA ID#: _____ Email: _____ Current Leadership Position: _____

Scout 2 Name: _____ Date of Birth: _____ Rank: _____
 BSA ID#: _____ Email: _____ Current Leadership Position: _____

Scout 3 Name: _____ Date of Birth: _____ Rank: _____
 BSA ID#: _____ Email: _____ Current Leadership Position: _____

Mailing Address: _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

Street Address (if different): _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

Home Phone: _____

*--Provide addresses for parent/guardian only if different than above address--
 --Driver's License # and vehicle information required to drive on scout functions--*

Parent/Guardian 1 Name: _____ Leadership Position(s): _____

Training & dates: Troop Orient. _____ YPT _____ Ldr. Essent. _____ Ldr. Specific _____

BSA ID#: _____ Email: _____ D.O.B.: _____ Driver's License #: _____ State: _____

Home Phone: _____ Work: _____ Cell: _____ Pager: _____

Mailing Address: _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

Street Address (if different): _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

Parent/Guardian 2 Name: _____ Leadership Position(s): _____

Training & dates: Troop Orient. _____ YPT _____ Ldr. Essent. _____ Ldr. Specific _____

BSA ID#: _____ Email: _____ D.O.B.: _____ Driver's License #: _____ State: _____

Home Phone: _____ Work: _____ Cell: _____ Pager: _____

Mailing Address: _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

Street Address (if different): _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

Parent/Guardian 3 Name: _____ Leadership Position(s): _____

Training & dates: Troop Orient. _____ YPT _____ Ldr. Essent. _____ Ldr. Specific _____

BSA ID#: _____ Email: _____ D.O.B.: _____ Driver's License #: _____ State: _____

Home Phone: _____ Work: _____ Cell: _____ Pager: _____

Mailing Address: _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

Street Address (if different): _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

VEHICLES:

*Each vehicle must have at least \$50K/100K/50K coverage (\$100K/500K/100K for 10 or more passenger).
 Every occupant (including driver) MUST wear a seat belt at all times. Drive with Headlights On.*

Vehicle 1 Make: _____ Model: _____ Year: _____ Plate #: _____ State: _____ # passengers _____

Liability Coverage Per Person: \$ _____ Per Accident: \$ _____ Property Damage: \$ _____

Vehicle 2 Make: _____ Model: _____ Year: _____ Plate #: _____ State: _____ # passengers _____

Liability Coverage Per Person: \$ _____ Per Accident: \$ _____ Property Damage: \$ _____

Vehicle 3 Make: _____ Model: _____ Year: _____ Plate #: _____ State: _____ # passengers _____

Liability Coverage Per Person: \$ _____ Per Accident: \$ _____ Property Damage: \$ _____

Vehicle 4 Make: _____ Model: _____ Year: _____ Plate #: _____ State: _____ # passengers _____

Liability Coverage Per Person: \$ _____ Per Accident: \$ _____ Property Damage: \$ _____

BSA Fees: \$100.00/scout; Boy's Life Magazine \$13.00 (optional); \$20.00/adult;

Number of Scouts: _____ Number of Boys's Life: _____ Number of Adults: _____

Total Fees: _____

Please Complete the Consent Form also.

CONSENT FOR TROOP 149 EVENTS

Scout 1 Name: _____
Scout 2 Name: _____
Scout 3 Name: _____

Mailing Address: _____ Apt.#: _____
City: _____ State: _____ Zip: _____
Street Address (if different): _____ Apt.#: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

Parent/Guardian 1 Name: _____
Home Phone: _____ Work: _____ Cell: _____ Pager: _____
Parent/Guardian 2 Name: _____
Home Phone: _____ Work: _____ Cell: _____ Pager: _____
Parent/Guardian 3 Name: _____
Home Phone: _____ Work: _____ Cell: _____ Pager: _____

HEALTH INSURANCE INFORMATION

Insurance Company Name: _____
Insurance Company Address: _____
Insurance Company Customer Service Phone number: _____
Policy number: _____ Group number: _____
Primary Policyholder Name: _____

CONSENT AGREEMENT

I hereby consent for the Scout(s) named above to accompany and participate with Troop 149 in all scouting activities between the dates of January 1, _____ and January 1, _____. This consent extends to trips and to travel and preparation made in conjunction therewith.

I understand that participation in scouting activities, especially activities involving camping and outdoor activities, involves inherent risks and dangers, including but not limited to hostile natural environments, extremes of temperature, weather, and altitude, and other risks and dangers of which I may or may not be aware. I accept and assume the risks of bodily injury, death, and property damage which may occur to myself or to the above-named Scout(s) while participating in scouting activities, and voluntarily choose to participate and to allow my Scout(s) to participate in scouting activities notwithstanding such risks and dangers.

In the event of emergency, I hereby authorize Troop 149 leaders to provide first aid and seek medical care, hospitalization, or other treatment for my Scout(s) if I cannot be reached and if, in their judgment, immediate treatment is needed.

I hereby release and forever discharge the Boy Scouts of America, the Northeast Georgia Council, Troop 149, and their agents, employees, and volunteers from any and all damages, liability, claims, demands, and causes of action resulting from participation in scouting activities except those resulting from reckless, willful, or intentional misconduct of such agents, employees, or volunteers.

I hereby grant Troop 149 the right to use the name and photograph or other likeness of myself and my Scout(s) in connection with its scouting and promotional materials in any and all media, including printed material, internet and film.

(Parent/Guardian signature)

(Date)