

Attend One or More!

# DAY/TWILIGHT CAMP

**Cub Scout Day Camp/Twilight Camp is the camp that comes to the boy.**

**THIS EXPERIENCE IS:**



- An organized five-day program for ALL Cub Scouts and Webelos Scouts.
- Conducted at an approved site, during the daylight or early evening hours, but not overnight.
- For Scouts to learn and advance in rank while having fun and making new friends.
- Full of special activities that include sports, games, nature, & more.
- All camps are conducted in accordance with National Standards for Local Council Accreditation of Cub Scout/Webelos Day Camps.
- Safe and fun for everyone.
- .....the camp that comes to the boy.

## WHEN AND WHERE IS CAMP HELD?

CAMP#	DATES	DAYCAMP 900am-300pm	LOCATION
#1	May 30-June 3	Lilburn Day Camp	White Oak Baptist Church
#2	June 6-10	Athens Day Camp	Friendship Christian Church
#3	June 6-10	Buford Day Camp	American Legion Buford
#4	June 6-10	Gainesville Day Camp	Scoutland
#5	June 6-10	North Forsyth Day Camp	The Church of the Good Shepherd
#6	June 13-17	Dawsonville Day Camp	Bethel UMC Lumpkin Camp Ground
#7	June 13-17	Lawrenceville Day Camp	Lawrenceville United Methodist Camp Ground
#8	June 13-17	Loganville Day Camp	Loganville Elementary School
#9	June 13-17	Oakwood Day Camp	Chestnut Mountain Church
#10	June 13-17	Ogelthorpe Day Camp	Oglethorpe County Recreation Department
#11	June 13-17	South Forsyth Camp	Midway United Methodist Church
#12	June 13-17	Toccoa Day Camp	Elks Lodge - Toccoa
#13	June 20-24	Elberton Day Camp	Calvary Baptist Church
#14	June 20-24	Snellville Day Camp	Snellville United Methodist Church
#15	June 20-24	Watkinsville Day Camp	Watkinsville First United Methodist Church
#16	June 27-July 1	Cleveland Day Camp	White County Recreation Department
#17	June 27-July 1	Cumming Day Camp	Christ the King Lutheran Church
#18	June 27-July 1	Dacula Day Camp	Dacula First United Methodist Church
#19	June 27-July 1	Monroe Day Camp	Walker Baptist Church
CAMP#	DATES	TWILIGHTCAMP 500pm-900pm	LOCATION
#20	May 30-June 3	Hiawassee Twilight Camp	Hiawassee United Methodist Church
#21	May 30-June 3	Lilburn Twilight Camp	White Oak Baptist Church
#22	May 30-June 3	Lumpkin County Twilight Camp	Dahlonega Pine Valley Recreation Area
#23	June 6-10	Epworth Twilight Camp	Epworth Community Center & Scout Cabin
#24	June 6-10	Jefferson Twilight Camp	Jefferson Scout Hut
#25	June 6-10	Morgan County Twilight Camp	Madison Lions Club
#26	June 13-17	Ellijay Twilight Camp	Ellijay Scout Cabin
#27	June 13-17	Grayson Twilight Camp	Grayson First Baptist Church
#28	June 13-17	Homer Twilight Camp	Uchee Environmental Habitat Lodge
#29	June 13-17	Lawrenceville Twilight Camp	Lawrenceville United Methodist Camp Ground
#30	June 13-17	Madison County Twilight Camp	Ila Elementary School
#31	June 20-24	Winder Twilight Camp	Fort Yargo State Park
#32	June 27-July 1	Cornelia Twilight Camp	Cornelia City Park
#33	June 27-July 1	Dacula Twilight Camp	Dacula First United Methodist Church
#34	July 25-29	Clayton Twilight Camp	Camp Rainey Mountain

The Day Camp/Twilight Camp program varies at each of the 34 Camps throughout Northeast Georgia. The camp fee includes a camp T-shirt, patch, craft, & program supplies. Fees must be submitted with your completed Camper Registration form which can be found on page 11 in the **2011 Cub Scout Guide to Summer Outdoor Activities**, on the Council website [www.nega-bsa.org](http://www.nega-bsa.org), and in each of the Council Service Centers of the Northeast Georgia Council.

## WHO CAN COME TO CAMP?

To attend Camp, a boy must have completed the first grade & be a registered Cub Scout, Webelos Scout, or Tiger Cub Graduate. Boys not presently a Cub Scout may participate; however, they will be registered in a Cub Scout Pack based on the school they attend. They must pay an additional \$11.25 fee.

## COST - HOW MUCH DOES IT COST TO GO TO CAMP?

**\$65.00 is the fee to attend Cub Scout Day/Twilight Camp** if your completed registration form, Health and Medical Form along with payment is received in the Council Service Center on or before May 5, 2011.

**\$85.00 is the fee to attend Cub Scout Day/Twilight Camp** if your completed registration form, Health and Medical Form along with payment is received in the Council Service Center after May 5, 2011.

**\$95.00 is the fee to attend Cub Scout Day/Twilight Camp** if your completed registration form, Health and Medical Form along with payment is not received in the Council Service Center seven (7) days prior to the first day of camp.

*Registration fee can be paid by check, Visa, MasterCard, or Discover. Make checks payable to Northeast Georgia Council, BSA.*

## HOW DO I REGISTER FOR CAMP?

- Choose the Camp/Camps you wish to attend – You may attend more than one Day/Twilight Camp
- Complete a Cub Scout Day Camp/Twilight CAMPER Registration form for each camp you plan to attend
- Complete the Health and Medical Form #34605 Parts A and C
- Attach a copy of your insurance card (both front and back) to Health and Medical Form Part C

### Mail Registration along with the Health and Medical Form #34605 Parts A and C

#### With Your Payment to:

Northeast Georgia Council, BSA  
Attn: Day/Twilight Camp  
P.O. Box 399  
Jefferson, GA 30549  
**fax: 706-693-4849**

OR

Northeast Georgia Council, BSA  
Attn: Day/Twilight Camp  
203 Swanson Drive  
Lawrenceville, GA 30043  
**fax: 770-962-8004**

Most camps have limited space and fill quickly. Camp is open to all boys, regardless of race, creed, color, or national origin. No boy will be denied the opportunity to attend Camp because of a physical or mental disability as long as his doctor has given him permission to attend. Your Camp Director must know about any special requirements before camp starts so that the staff can be prepared to provide the best possible experience.

## HOW WILL I KNOW IF I CAN ATTEND THE CAMP(S) I CHOOSE?

Once your registration form, Health and Medical Form and payment is received in the Council Service Center, a confirmation will be sent to you by mail or email. It will confirm the date and time of the camp(s) you are attending. It will also include the name and phone number of your Camp Director. Confirmation cards will not be mailed to participants who register within seven (7) days of the first day of camp.

## WHAT SHOULD I BRING TO CAMP?

- Hat
- Lightweight jacket or raingear if necessary
- Water bottle/water
- Non-perishable sack lunch and drink each day. (Not required for Twilight campers)
- For special activities, boys may be asked to bring a specific item from home
- Any required medication must be checked in with the Health Office upon arrival to camp. All medications must be in the original container, marked clearly with the patient's name and dosage and be noted on the health form.

## PUT YOUR NAME ON EVERYTHING THAT COMES TO CAMP - INCLUDING LUNCH!

## WHAT SHOULD I NOT BRING TO CAMP?

- Personal electronic equipment (iPods, Gameboys, CD Players, cell phones, etc.)
- Valuable items such as jewelry
- Pocket knives
- Glass items
- Non-prescription drugs

## WHAT SHOULD I WEAR TO CAMP EVERY DAY?

- Camp T-shirt (campers will be given Camp t-shirt on the first day/evening of camp) Be sure to order extra t-shirts
- Shorts
- Socks
- Closed-toed shoes (no sandals or flip flops)
- Sunscreen



## WILL I WORK ON MY CUB SCOUT RANK?

Most Camp programs are based on a boy's Cub Scout Rank. Many of the activities that are fun provide opportunities to qualify toward rank advancement and belt loops. These give campers a head start for advancement in their handbooks for their upcoming rank. The camp program focuses on age-appropriate activities, so it is very important that we know what grade he will be entering in the fall of 2011. While at Camp, boys who are:

- Entering 2nd Grade will work on Wolf
- Entering 3rd Grade will work on Bear
- Entering 4th Grade will work on Webelos I
- Entering 5th Grade will work on Webelos II

## WHAT HAPPENS IF I CHANGE MY MIND ABOUT COMING TO CAMP?

CAMP FEES ARE TRANSFERABLE-BUT NOT REFUNDABLE.

Requests to transfer fees must be made in writing to: Day/Twilight Camp, PO Box 399, Jefferson, GA 30549.

Youth asked to leave camp for disciplinary reasons will **not** receive a refund.



## CAN I GET AN EXTRA T-SHIRT?

Extra t-shirts may be ordered with registration and are \$8.00 each (XXL and XXXL are \$10.00 each). Extra shirts may not be available during camp for purchase or exchange.

## CONVENIENCE HOURS

Day Camp starts at 9 a.m. and concludes at 3 p.m. Scouts can be dropped off as early as 8 a.m. and/or picked up as late as 4 p.m. This service can be provided to you (in addition to your \$65.00/\$85.00/\$95.00 registration fee) for an additional fee of \$10.00 per scout per day. Example 1 day - \$10.00, 5 days - \$50.00.

This fee is applicable for either morning or afternoon hours or both each day. Fee can be paid along with your registration or at camp each day as needed. This fee is non-refundable. Please attach to your registration form, a list of days and times you will take advantage of convenience hours. Convenience Hours are not available for Twilight Camps.

# STAFF/VOLUNTEERS

## I'M JUST A PARENT - HOW CAN I HELP?

Camp is staffed **entirely** by parents and volunteers. *WE Need YOU to be a part of the FUN!* When you volunteer to be a chaperone, you will be asked to attend Staff Training. You can volunteer to help out by completing the Staff Registration form found on page 12 and the Health and Medical Form #34605 Parts A and C on pages 13-14 and sending it to the Council Service Center. The Camp Director will contact you with the details of camp. Volunteers who help during the entire camp will receive a camp t-shirt. The Staff Training you receive is designed to provide the knowledge and skills you need to fulfill your duties as a chaperone.

*Packs should send at least one adult chaperone for every five Cub Scouts who attend Camp.*

If a staff member attends Camp Staff Training, helps out every day that Camp is held, and pays a registration fee for his/her son, he/she will receive a \$25 Scout Shop gift certificate at the end of camp. Gift Certificates are good for merchandise at one of the Northeast Georgia Council Scout Shops, which are located in Lawrenceville and Jefferson. There is a limit of one gift certificate per boy and two per household.

## IF I VOLUNTEER, WHAT DO I DO WITH MY NON-SCOUT AGE CHILDREN?

Most Camps have a special program (Tot-Lot) for the younger children of Staff volunteers. All children that stay in the Tot-Lot must be potty-trained. Some camps may require a small fee for Tot-Lot supplies. If a fee is required, it is due on the first day/evening of camp.

## I STILL HAVE QUESTIONS, HOW CAN I GET THEM ANSWERED?

Call the Council Service Center and you will be directed to the Camp Director of the camp in which you are interested. Check out the Northeast Georgia Council Website.



[www.nega-bsa.org](http://www.nega-bsa.org)



# 2011 CUB SCOUT DAY/TWILIGHT CAMP

## CAMPER Registration

Mail completed Registration Form along with Health and Medical Form #34605 Parts A and C to:  
Northeast Georgia Council, Boy Scouts of America, P.O. Box 399, Jefferson, GA 30549 or  
Northeast Georgia Council, Boy Scouts of America, 203 Swanson Drive, Lawrenceville, GA 30043

(Please print)

Pack# \_\_\_\_\_ District \_\_\_\_\_ Camp# \_\_\_\_\_ Camp Dates \_\_\_\_\_

Camp Location \_\_\_\_\_

(If this camp is at capacity, would you consider an alternative site?) Y / N Which camp? \_\_\_\_\_

Boy's Name \_\_\_\_\_ Name he is called \_\_\_\_\_  
(First Name) (Last Name)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering in September, 2011 \_\_\_\_\_

**Parent/Guardian Information** (required):

Name \_\_\_\_\_ Email address: \_\_\_\_\_  
(First Name) (Last Name)

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home)( \_\_\_\_\_ ) \_\_\_\_\_ (Cell)( \_\_\_\_\_ ) \_\_\_\_\_ (Work)( \_\_\_\_\_ ) \_\_\_\_\_

In September, Scout will be (circle one): **Wolf (2nd Grade)** **Bear (3rd Grade)** **Webelos I (4th Grade)** **Webelos II (5th Grade)**

**T-shirt size** (check one): **Youth:** L (14-16)  **Adult Sizes:** S  M  L  XL

Cub Scout Day/Twilight Camp Fee \$ \_\_\_\_\_

I'd like to order # \_\_\_\_\_ Extra T-shirts (\$8.00 each) \$ \_\_\_\_\_




My son is not a registered Scout (add \$11.25) \$ \_\_\_\_\_

Convenience fee (non-refundable) x \$10.00 per day \$ \_\_\_\_\_

Please attach a schedule of days and times for convenience hours of which you plan to take advantage.

**TOTAL Amount Enclosed** \$ \_\_\_\_\_

Circle one: **Check** (make payable to Northeast Georgia Council, BSA)

   Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

The Northeast Georgia Council and/or the Camp Director reserve the right to dismiss any youth or adult who create discipline concerns or violate camp or BSA standards.

The Boy Scouts of America Medical Form #34605 Parts A and C is required for ALL campers (youth and adults) attending camp. This form does NOT need to be completed by a physician. Please attach a copy of insurance card (both front and back) to Part C of the Medical Form.

A copy of this form can be found in each of the Council Service Centers, on the Council website, [www.nega-bsa.org](http://www.nega-bsa.org), and on pages 13-14 of the **2011 Cub Scout Guide to Summer Outdoor Activities**.

Please complete the medical form completely and attach to your Cub Scout Day Camp/Twilight Camp Registration Form. Scouts will NOT be permitted to attend camp if this information is not on file. Dates must be completed and parent signatures included.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# 2011 CUB SCOUT DAY/TWILIGHT CAMP

## ADULT STAFF Registration



Mail completed Registration Form along with Health and Medical Form #34605 Parts A and C to:  
 Northeast Georgia Council, Boy Scouts of America, P.O. Box 399, Jefferson, GA 30549 or  
 Northeast Georgia Council, Boy Scouts of America, 203 Swanson Drive, Lawrenceville, GA 30043

(Please print)

I am Volunteering for Cub Scout Camp # \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

District \_\_\_\_\_ Pack # \_\_\_\_\_ Troop # \_\_\_\_\_ Crew # \_\_\_\_\_

Phone (Home)( \_\_\_\_\_ ) \_\_\_\_\_ (Cell)( \_\_\_\_\_ ) \_\_\_\_\_ (Work)( \_\_\_\_\_ ) \_\_\_\_\_

Are you over 21? Yes \_\_\_ No \_\_\_ Are you under 18? Yes \_\_\_ No \_\_\_ Birthdate \_\_\_\_\_

Are you currently registered with the BSA as an Adult Leader? Yes \_\_\_ No \_\_\_

If YES, are you currently a Leader with (Circle all that apply):

*Tigers*      *Wolves*      *Bears*      *Webelos I*      *Webelos II*      *Boy Scouts*      *Venturers*

If NO, are you currently an active parent/volunteer with a local Pack? Yes \_\_\_ No \_\_\_

**I have skills in the following areas:** (Circle All that apply)

**Arts & Crafts**      **Music**      **Nature**      **Sports**      **Woodwork**      **Younger Children**

I would like to serve as: Wolf Chaperone \_\_\_\_\_ Bear Chaperone \_\_\_\_\_ Webelos Chaperone \_\_\_\_\_

Assistant where needed \_\_\_\_\_ Other \_\_\_\_\_

I am CPR certified \_\_\_\_\_ Expiration Date \_\_\_\_\_ Bring your card with you to camp

Scout's Name \_\_\_\_\_

I want my Scout with me at Camp \_\_\_\_\_ It is not necessary that my Scout be with me at camp \_\_\_\_\_

Names/Ages of non-Scout children attending: \_\_\_\_\_

**Your T-shirt size** (check one)      S       M       L       XL       XXL       XXXL

(Staff members who attend staff training and work the entire week receive a camp t-shirt at no charge)

Extra t-shirts are \$8.00 each      XXL and XXXL are \$10.00

**Amount Enclosed for Extra Staff Shirts** \$ \_\_\_\_\_ Circle one: **Check** (make payable to Northeast Georgia Council)



Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

The Northeast Georgia Council and/or the Camp Director reserve the right to dismiss any youth or adult who create discipline concerns or violate camp or BSA standards.

The Boy Scouts of America Medical Form #34605 Parts A and C is required for ALL staff (youth and adults) attending camp. This form does NOT need to be completed by a physician. Please attach a copy of insurance card (both front and back) to Part C of the Medical Form.

A copy of this form can be found in each of the Council Service Centers, on the Council website, [www.nega-bsa.org](http://www.nega-bsa.org), and on pages 13-14 of the **2011 Cub Scout Guide to Summer Outdoor Activities**.

Please complete the medical form completely and attach to your Cub Scout Day Camp/Twilight Camp Staff Registration Form. Staff will NOT be permitted to attend camp if this information is not on file. Dates must be completed and signatures included.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# 2011 CUB SCOUT DAY/TWILIGHT CAMP

## Annual BSA Health and Medical Record

Camp # Attending: # \_\_\_\_\_

### Part A

Camp Location: \_\_\_\_\_

#### GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**  
**In case of emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

#### MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

#### Allergies or Reaction to:

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

#### Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

#### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

OVER >

# 2011 CUB SCOUT DAY/TWILIGHT CAMP

## Part C

### Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Without restrictions.

With special considerations or restrictions (list) \_\_\_\_\_

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Adults NOT authorized to take youth to and from the event:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

(if under the age of 18)

Date \_\_\_\_\_

**ATTACH COPY OF INSURANCE CARD (FRONT AND BACK) HERE.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>

SKU 34605



7 30176 34605 2

34605 2009 Printing

Part C Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Rev. 9/2009