

BSA TROOP 873 ANNUAL PERMISSION SLIP/REGISTRATION FEE NOTICE
Scoutmaster: TOM RIVARD-WILLIS Cell: 443-900-4084 Email: tmjrw1968@gmail.com
Web: BSAT873.org

Troop 873, of GLEN BURNIE, MARYLAND has planned a calendar of events for
January 2017 through December 2017

ANNUAL REGISTRATION AND PERMISSION SLIP

Scout: _____
Print Name **Signature** **Date**

Waiver of Responsibility and Photo Release:

In consideration of the benefits derived, and in the view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and wellbeing of my Scout son(s)/ward(s), as noted above, in the activities shown in the annual calendar, I agree to his participation and waive all claims against the leaders of any trip, officers, agents, and representatives of the Boy Scouts of American, any sponsor, or members and employees of the sponsor(s). In the event of an emergency, the Scoutmaster or any designee of the Troop or sponsor(s) has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor's office, at my expense, considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital or doctor's office furnishing medical services for the Scout and as restricted on the emergency data sheet on file with the Troop or as noted below.

I further, hereby assign and grant BSA Troop 873 the right and permission to use and publish (print, web or other medium) the photographs/electronic representations made of me or my child at all scouting activities, and I hereby release Troop 873 leaders, members, related parties or other organizations associated with the activity from any and all liability from such publication.

Parent or Legal Guardian: _____
Print Name **Signature**

Medical/Special Instructions: _____

Pain Medication to be given in the case of headaches/body aches: _____

Signed: _____ **Date:** _____
(Parent or Guardian)

Signed: _____ **Date:** _____
(Scout)

Emergency Phone Numbers:

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

Alternate Person who can pick up my Scout:

Name: _____ Phone: _____

Is there anyone who **CANNOT** pick up your Scout:

Name(s): _____

Does your Scout have permission to walk/ride a bike to and/or from the meetings? Yes No

THIS COMPLETED FORM AND THE ANNUAL REGISTRATION FEE ARE DUE BY

NOVEMBER 3, 2016

Annual Registration Fee for January 2017 through December 2017
\$60.00 for first youth, \$50.00 for second youth & \$25.00 for transfer (bridged) youth.
Boys Life is \$12.00.

Make check payable to: **BSA Troop 873**

This fee may also be paid from the individual Scout account if there are sufficient funds available.

Scout: _____

Parent or Legal Guardian: _____ Date: _____

For Troop Use Only

Date: _____ Amount of Payment _____

Scout Account: Cash Check #: _____

BSA Troop 873

Receipt for Payment of 2017 Annual Registration Fee
\$60.00 for first youth and \$50.00 for second youth. \$25.00 for transfer (bridged) youth
Boys Life is \$12.00

Scout Name _____ Date Received: _____

Amount: _____ Cash/Check: _____

Received by: _____ Scout Account: Yes No