

## Boy Scouts of America Troop 29 Adult Activity Registration Form

Adult Name:	
Activity Title:	Summer Camp 2018 at Blue Ridge Scout Reservation
Activity Location:	Mountain Man – BRSR; Primitive Outpost
Activity Dates:	July 15 – 21, 2018
Base Camp Fee:	\$225 per adult if fully paid by April 23 <sup>rd</sup> . \$250 per adult if fully paid <u>AFTER April 23<sup>rd</sup></u>
Gathering/Returning Location:	Red Clay Creek Presbyterian Church
Gathering Date & Time: Returning Date & Time:	July 15, 2018, Time <b>5:00am</b> ← Estimated July 21, 2018, Time 5:00pm
Last Date to Register:	May 14, 2018
are charged late fees. <u>ALL Fees are I</u> Base Camp Fee: <u>Adult I</u>	specifically defined payment deadlines. If we do not pay on a timely basis we NON-REFUNDABLE. Please note the following.  Fee Schedule –
	Deposit: \$100 Due by March 12, 2018 Payment: \$125 Due by April 23, 2018
Late F	Payment: \$125 Due by April 23, 2018 Payment Fee: \$ 25 If final payment received after April 23, 2018
<ul> <li>Ridge Mountains</li> <li>Learn the skills and methods of Western Frontier- dress in per</li> <li>Learn to shoot black-powder in leatherworking to make usefured Hone your wilderness survival creek</li> <li>Visit the Blacksmith Forge and mountain music</li> </ul>	skills- start a fire with flint & steel and cook your food, draw water from a make tools and a hunting knife, and the "Ordinary" general store for some
Special Requirements: Backpack gear 1	L ½ miles
Troop 29 Class B shirts.  Please indicate quantity desired in a	
Red:Ad-SAd-M	Ad-LAd-XLAd-XXL
Yellow: Ad-S Ad-M	Ad-LAd-XLAd-XXLAd-XXL *
Other: Ad-5Ad-M	AU-LAU-XLAU-XXL "
Special Dietary Needs:  Please list any special dietary concerns such as	vegetarian, neanut allergy, etc.



## Special Permissions & Medical Information Required: TO BE SIGNED BY PARENT OR GUARDIAN (check applicable boxes and provide information where requested) 1. BSA Health Form parts A,B,C signed by qualified physician. 2. Troop 29 Code of Conduct form signed by scout and parent/guardians. 3. 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 ☐ Pepto Bismol® ☐ Imodium AD® (check all which apply) ☐ Tums® ☐ Benadryl® Parent / Guardian Signature: \_\_\_\_\_\_Print name: **Travel Information:** Will this Scout be traveling with the group? (If "no", provide Special Arrangements information below) 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) ☐ 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.

☐ Invoice Scout Billing Account

☐ Withdraw Scout Savings Parent Initials:

☐ Check Attached

☐ Cash Provided