



Boy Scouts of America
Troop 29
Adult Activity Registration Form

Adult Name: _____

Activity Title: Summer Camp 2018 at Blue Ridge Scout Reservation
Activity Location: **New River Adventure inc/Pistol & ATV** – BRSR; Outpost
Activity Dates: July 15 – 21, 2018
Base Camp Fee: \$225 per adult if fully paid by April 23rd .
 \$250 per adult if fully paid AFTER April 23rd
Gathering/Returning Location: Red Clay Creek Presbyterian Church
Gathering Date & Time: July 15, 2018, Time **5:00am** ← Estimated
Returning Date & Time: July 21, 2018, Time 5:00pm
Last Date to Register: May 14, 2018

Fee Schedule

Please note that the troop must meet specifically defined payment deadlines. If we do not pay on a timely basis we are charged late fees. **ALL Fees are NON-REFUNDABLE.** Please note the following.

Base Camp Fee: Adult Fee Schedule –
 Initial Deposit: \$100 Due by March 12, 2018
 Final Payment: \$125 Due by April 23, 2018
 Late Payment Fee: \$ 25 If final payment received after April 23, 2018

New River Adventure:

- For thrill-seekers looking for a roller coaster week of activities
- Combines teamwork, leadership and fun Confidence building activities
- Nationally accredited C.O.P.E. Courses and programs (High and Low)
- High Adventure activities
 - Core Programs (4 days)
 - Class V Whitewater Rafting on the New River Gorge in WV
 - Whitewater Canoeing on the New River Gorge in WV
 - High C.O.P.E. (Challenging Outdoor Personal Experience)
 - Low C.O.P.E. & Initiative Games
 - Optional Programs (1 Day)
 - Caving
 - Natural Rock Climbing on the New River Gorge in WV
 - Ice Climbing
 - Climbing Tower
 - ATV (All Terrain Vehicles)
 - Pistol Shooting

Special Requirements: BSA Swimmer, canoeing experience

Troop 29 Class B shirts.

Optional shirts available @ \$11 ea.

Please indicate quantity desired in appropriate color/size.

Red: _____ Ad-S _____ Ad-M _____ Ad-L _____ Ad-XL _____ Ad-XXL
 Yellow: _____ Ad-S _____ Ad-M _____ Ad-L _____ Ad-XL _____ Ad-XXL
 Other: _____ Ad-S _____ Ad-M _____ Ad-L _____ Ad-XL _____ Ad-XXL *



Special Dietary Needs:

Please list any special dietary concerns such as vegetarian, peanut 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
 (check all which apply) Pepto Bismol® Tums® Imodium 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 Invoice Scout Billing Account Withdraw Scout Savings Parent Initials: _____