



Boy Scouts of America  
**Troop 29**  
**Older Scout Activity Registration Form**

**Scout Name:** \_\_\_\_\_

**Activity Title:** Summer Camp 2018 at Blue Ridge Scout Reservation  
**Activity Location:** **High Knoll w/Rafting** – BRSR; Hiking Outpost  
**Activity Dates:** July 15 – 21, 2018  
**Base Camp Fee:** \$435 per scout if fully paid by April 23<sup>rd</sup> .  
 \$460 per scout if fully paid AFTER April 23<sup>rd</sup>  
**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: [Scout Fee Schedule – Older Scouts!](#)  
 Initial Deposit: \$100 Due by March 12, 2018  
 Final Payment: \$335 Due by April 23, 2018  
 Late Payment Fee: \$ 25 If final payment received after April 23, 2018

**High Knoll:**

High Knoll- held in reverence by those who experience the over 100 miles of trails crisscrossing the 16,000+ acres of the Blue Ridge Scout Reservation

- **13 YO by 1/1/18, First Class, Scoutmaster approval**
- A rugged outdoor hiking adventure, providing a taste of Appalachia past and present
- See areas that few Scouts and Leaders see, whether you travel 6-8 miles per day or strive for the 50-miler award.
- End each day at one of the unique back-country camps (Outpost Programs vary from year to year):
  - Natural Rock Climbing
  - Horseback Riding
  - Black Powder Shooting
  - Logging Camp
  - Paintball Range
  - Mountain Boarding
  - Geocaching
- **Special Requirements: Depending on activity, Backpacking, BSA Swimmer**

**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 \*

(Note: PLC to decide 3<sup>rd</sup> color)

**Special Dietary Needs:**

Please list any special dietary concerns such as vegetarian, peanut allergy, etc.

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**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: \_\_\_\_\_