

53rd Annual DOT-CCS
Boy Scout/Girl Scout Retreat September 19-21, 2008
Provisional Camper Registration/Permission Form/Health Form
Parent/guardian: Make & keep a copy of this completed form before submitting it

Scout's Name _____	Age: _____
Home Address _____	

Membership: Troop # _____	Rank _____

CONTACT INFORMATION

Primary Contact		Alternate Contact	
Name		Name	
Relationship		Relationship	
Phone #		Phone #	
Backup phone		Backup phone	
Address		Address	

Medical Information

(If you have a current Class 1 & 2 BSA medical form that you used for Summer Camp, and if nothing is changed, you may attach that form and leave this section blank.)

Any condition now requiring prescription or over the counter medication: _____
Any recent illness or injury: _____
Any activity restriction for medical reasons: _____
Any allergies to food, medicine or other substances _____
Date of Last Tetanus Injection: _____

Health Insurance Information

Insurance Company	
Company Phone Number	
Policy/group #	
Member ID #	
Member's Name	

Retreat Registration Information

Scout's Name _____	Age: _____
Home Address _____	
Membership: Council: _____ Troop # _____	Rank _____
Unit Leader's Name _____	Phone: _____

Registration Fee = \$8.00 per person, by September 1, payable to DOTCCS (**No late registrations permitted**). This fee DOES NOT include the cost of food, estimated to be \$12.00 per person. That fee will be determined by the provisional troop leadership, will be published in September to registered provisional scouts, and will be collected on Friday evening at check-in.

Provisional campers will be responsible for bringing their own tent, sleeping bag and personal items. Troop leadership will provide food, cooking equipment, lanterns, etc. Please ask if you have any questions. Scouts may make their own arrangements to share tents.

Youth protection & safety practices of the church and the scouting organizations will be in followed at all times.

Permission & release

1. I grant permission for _____ to attend the 53rd Annual DOTCCS Scout retreat on September 19-21, 2008.
2. I request that the scout described herein be allowed to engage in all activities except as noted here.
3. I have reviewed the information on these pages and it is accurate to the best of my knowledge.
4. In the event that I/we cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to: review any relevant medical information with that adult leader and hospitalize, secure proper anesthesia, order injection, or order any other test or treatment that in the physician's opinion is necessary to stabilize or prevent further injury to my child. I also grant permission to any adult leader or other volunteer, to the extent they are trained and willing, to perform first aid they reasonably believe is warranted on my child. This paragraph does not limit any presumption or provision in common or statutory law enabling a rescuer or physician to act in an emergency and/or to do so free of liability in tort. I also accept financial responsibility for all cost arising out of actions taken under this section.
5. I acknowledge that scouting activities may be hazardous, including strenuous physical activity, and that it is impossible to eliminate all risk of injury from the program. With this knowledge, I hereby agree to hold harmless, and waive any claims, other than those arising out of gross negligence, against Venture Crew 500, its members and committee, the dioceses of Trenton Catholic Committees on Scouting, any leader, staff member, assistant or volunteer arising out of child's participation in the Diocese of Trenton Catholic Committees on Scouting Annual Retreat.
6. A copy of authorization shall be as binding as the original.

Father's Signature: _____ date _____

Mother's Signature: _____ date _____

Send completed forms and registration fee to: Retreat Registration
DOTCCS
PO Box 5147
Trenton, NJ 08638-0147