

CREW 500 Adult Annual Registration – 2009	Member Number (To be completed by Crew Members Aged 18 and above on 1/1/09)	
Member Health Form/Permission Slip	Email Address	
<i>Instructions</i>		
Please complete ALL information on this form and read and sign the Release on page 2. You must complete a separate form for each member. Please attach a CHECK MADE OUT TO DOT-CCS , for the \$20.00 Annual Registration Fee (Unless you have already paid it). If you have any questions call Dana Poplawski at (609) 698-6515 and leave a message.		
RETURN THE \$20.00 CHECK MADE OUT TO DOT-CCS AND FORM BY MAIL TO CREW 500 C/O DANA POPLAWSKI 578 NAUTILUS DRIVE MANAHAWKIN, NJ 08050		
INFORMATION SUPPLIED IN THIS FORM WILL BE CONSIDERED CONFIDENTIAL, HOWEVER, IT MAY BE TRANSFERRED TO BOY SCOUTS OF AMERICA, THE DIOCESE OF TRENTON CATHOLIC COMMITTEE ON SCOUTING, OR ANY CREW, CHURCH, BSA OR COUNCIL EMPLOYEE OR VOLUNTEER OR HEALTH CARE PROFESSIONALS WHO REQUIRE IT TO PERFORM THEIR FUNCTIONS, AS WELL AS THEIR RESPECTIVE INSURERS. BY SIGNING THIS FORM ON PAGE 2, PARENTS OR GUARDIANS CONSENT TO SUCH RELEASE OF THIS INFORMATION.		
Name & Address	Birth Date	Do you want Boy's Life?
	Occupation	Religious Preference Roman Catholic
	Business Phone	Sex
	Parish Name	VIRTUS Training Date _____
Home Phone:	Parish City and State	<i>Attach copy of Certificate</i>
Cell Phone:	Fingerprinting Year Date:	
	Fingerprinting Agency:	
Emergency Contact Name	Emergency Contact Phone	
Doctor's Name	Doctor's Phone	
Health Insurance Company	Policy Number	
Auto Insurance Company	Policy Number	
Hospital Preference		

Health History **THIS SECTION IS VERY IMPORTANT - PLEASE COMPLETE**

Please indicate if your child is subject to:

Asthma	Fainting Spells	Convulsions
Diabetes	Heart Trouble	Bleeding Disorders

Does your son have an allergy to any Medication, food, plant, animal or insect toxin or does he have any condition that may require special care, medication, or diet? Please Describe or if none applies.

PLEASE GO ON TO PAGE 2

Crew 500 Annual Registration - 2009	Name _____	Shirt Size S M L XL XXL XXXL
Adult Member Health Form/Permission Slip Pg 2	RELIGIOUS AWARD EARNED _____	

Please indicate if you have difficulty with any of the following:

Eyes, ears, nose, throat	Digestion	Bed Wetting	Lungs	Sleepwalking
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List any condition now requiring Medication:

Describe any Restriction of activity for medical reasons:

Tetanus Toxide	Polio	Mumps	Pertussis
Diphtheria	Measles	Rubella	

YOUR DRIVER INFORMATION - ALL PASSENGERS & DRIVER MUST HAVE & USE SEATBELTS ON ALL SCOUTING ACTIVITIES

Driver Name	Driver's License Number	Yr & Make of Vehicle	Number of Passengers

PUBLIC LIABILITY INSURANCE COVERAGE - LIMITS OF LIABILITY WE MUST HAVE THIS INFO IF YOU DRIVE ON ANY SCOUT EVENT

Bodily Injury	Each Person	Property Damage
	Each Accident	

Authorization and Hold Harmless

- I have reviewed this health history and it is correct so far as I know.
- I request that I be allowed to engage in all prescribed Diocese of Trenton, national, regional, council, district, and Crew outings and activities, except as noted by me. Exceptions: _____
- 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:
 - Crew 500, its members, the Crew Committee, the Diocese of Trenton Catholic Committee on Scouting, any leader, assistant or volunteer; or
 - The Diocese of Trenton, Central New Jersey Council, New Jersey Shore Council, any sponsoring or cooperating parish, the Boy Scouts of America or their leaders or volunteers;
arising out of my participation or that of my family in Crew 500, any crew or retreat related activity, or the Boy Scouts of America.
- Unless otherwise indicated here, I hereby give consent for my images and/or family members to be used to promote DOT-CCS in print, website and other media. EXCEPTIONS: _____
- A copy of this authorization shall be as binding as the original.

Your Signature Date