

CREW 500 Youth Annual Registration – 2009		Member Number (To be completed by Crew)	
Member Health Form/Permission Slip		Email Address	
<u>Instructions</u>			
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 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?
		School	Scout Religious Preference Roman Catholic
		Grade	Sex
		Parish Name, City and State:	
Home Phone	Cell Phone		
Father's Name		Father's Business Phone	Occupation
Mother's Name		Mother's Business Phone	Occupation
Emergency Contact Name		Emergency Contact Phone	
Doctor's Name		Doctor's Phone	
Health Insurance Company		Policy Number	
Auto Insurance Company		Policy Number	
Hospital Preference		Is there a child custody/protection order we should be aware of? If Yes, please attach explanation and copy of order.	

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
Youth Member Health Form/Permission Slip Pg 2	RELIGIOUS AWARD EARNED _____	

Please indicate if your child has 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	

PARENTAL 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	

Parent Authorization and Hold Harmless (Must be signed by both parents)

- I have reviewed this health history and it is correct so far as I know.
- We request that the person described herein be allowed to engage in all prescribed national, regional, council, district, and Crew outings and activities. He/she has our permission to do so, except as noted by me. Exceptions: _____
- In the event I 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 history with that adult leader and to hospitalize, secure proper anesthesia, order injection for, or order any other test or treatment that in the physician's opinion is necessary to stabilize or prevent further injury to my son. I also hereby give my 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 son. 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 paragraph 3.
- 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, or the Boy Scouts of America or their leaders or volunteers;
 arising out of my son's or family's participation in Crew 500, any retreat related activity, or the Boy Scouts of America.
- Unless otherwise indicated here, I hereby give consent for images of my son 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.

Father's Signature

Date

Mother's Signature

Date