

Thunder Wolf District Merit Badge Day SCOUT Registration Form

August 9, 2014

(Fill out electronically, or Print Clearly)

Scout Name:	Age:	Rank:	Troop:
Address:	City:		Zip:
Parent /Guardian:	H-Phone:	C-Phone:	
Email:			
Registration Fee \$5 to be paid to your Troop. Lunch is optional and must be pre-paid (\$6) at time of registration.			
Meal Order (\$6): Y or N	Vegetarian: Y or N		
List MB Classes in Order of Preferences			
1 st Choice MB Class Name:			
2 nd Choice MB Class Name:			
3 rd Choice MB Class Name:			
4 th Choice MB Class Name:			
Comments:			

- **First Class ranks and under are limited to ONE Eagle Required Merit Badge. Star and Life Scouts may choose up to TWO Eagle Required Merit Badge classes.**

NOTE: Form must be filled out and signed

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

- Without restrictions.
 With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs /film/ videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/ electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

PERMISSION SLIP

My Son, _____, has my permission to attend the Thunder Wolf District Merit Badge Day and participate in all activities at the Merit Badge Day. This may include games or field trips for Merit Badge Requirements. I understand that I am responsible for my son's transportation to and from any off-site locations. If my son becomes disruptive to the point that the counselor or event officials feel it is necessary for him to leave, I understand that I will be called to pick him up. If a scout is deemed a behavior problem by the counselor he will **not** earn any credit for the class nor receive any reimbursement of funds.

The Phone Number where I can be reached on that day is (_____) _____.

Printed Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____ **DATE:** _____