

ZOO TROOP 136 • RECHARTER / CONSENT FORM

Mandatory Fees per Scout:

<input type="checkbox"/> National BSA Fees, Youth (1-year)	\$15.00
<input type="checkbox"/> National BSA Fees, Adult (1-year)	\$15.00
<input type="checkbox"/> Yearly Troop Dues	\$40.00
Total Mandatory:	

Optional:

<input type="checkbox"/> Boy's Life Youth Magazine Subscription (1-year)	+\$12.00
Total Mandatory with Boy's Life:	

Troop 136 requires one adult register per family. This adult is automatically a member of the Troop committee and eligible to serve on the Troop boards of review. If you have any questions please consult with committee chair or Scoutmaster.

I understand that all registered adults must participate in at least 2-4 Troop Activities this calendar year.

Signature of parent/guardian: _____ Date: _____

Return all forms and applicable fees to Florrie Tibbitts, Membership Chair, 442-1713, 973 Swanston Drive, 95818 - Make checks payable to "Troop 136."

Scouts turning 18 but wishing to remain in troop will need to fill out a NEW official BSA application as an adult to be turned in for recharter.

RECHARTER INFORMATION: Previously imputed information is automatically used for Recharter. Please Note. If any recorded information, such as telephone, address etc., has changed since last recorded or you would like to update please check here and indicate the updated information on the back of this form.

I need to change or update information.

Roster Contact Information

The information below will be distributed to our troop. Please only put contact information that can be used all the time- not contact information that is used for emergency only.

Are you receiving troop emails from our Google group account? YES No

Scout(s) Name(s): _____

Parent(s) name: Mom _____ Dad _____

Address: _____

Home Phone: _____

Mom cell: _____ Dad cell: _____ Scout cell: _____

Mom email address: _____ Dad email address: _____

Scout email address: _____

Annual Parent Consent / Driver Information Form for Troop 136

Last Name _____ **First Name** _____

Patrol _____

Scout, _____, is authorized to participate in all Unit activities for the calendar year 20____, effective _____ (Today's Date). I/We grant permission to participate on all Unit activities including those that are held at other than the regularly appointed meeting site and may involve driving to alternative locations. I/We understand that these activities can include but are not limited to overnight activities, water activities, off-trail hiking, rock and cave climbing, and fire and knife usage.

I/we authorize our Scout to participate in all Unit activities unless I/we inform the Unit Leader in writing prior to the activity. This authorization will remain in effect for said Scout while he is participating in any unit program or activity unless we revoke this authorization in writing and personally deliver the written revocation to the Unit Leader. I/we understand that it is my/our responsibility to inform the Unit Leader of any current medical concerns not listed on the unit medical forms (i.e. ear infections, sinus infection, strained/pulled muscles, current or new medications, etc.) prior to an event. Should I/we choose not to have my/our Scout participate in any part of an activity, I/we agree to inform the Unit Leader in writing prior to the activity.

The troop will continue to issue Activity Notices for each individual outing or event, and may elect to collect activity-specific permission slips for record keeping purposes, but is not required to do so.

I/We understand that the Boy Scouts of America is an educational organization, membership is voluntary, and as such, reasonable precautions will be taken to insure the safety and well being of the Scouts during participation in the Unit activities.

In case of emergency, I understand that all reasonable efforts will be made to contact me. If I cannot be reached, I authorize the doctors and hospitals chosen by the registered adult leader to provide medical treatment, including any X-Ray examination, hospitalization, anesthesia, surgery, and medications by any licensed emergency personnel, medical practitioner or hospital.



Adult Drivers

All drivers must provide the organizer the following driver information:

1. Make, model and year of vehicle
2. Number of seat belts
3. Driver's license number (valid and current)*
4. Insurance information, coverage amounts for medical, accident and property, recommended 50,000/100,000/100,000*
5. ALL drivers must have a cell phone. The cell number shall be given to the parents of scouts they are transporting.
6. Vehicles carrying more than 10 persons must have a commercial CDL license.*
7. It is recommended that 2 vehicles drive together to aid in the case of an ill child or vehicle performance issues. A convoy, more than two cars, is not allowed.*

TROOP 136 Adult Driver Information

Driver's Name:

Driver Cell #:

Vehicle and Driver		Insurance Coverage (50,000, 100,000, 100,000 Recommended)	
Make:		Insurer:	
Model:		Medical Coverage:	
Year:		Accident:	
Driver's License #:		Property:	
Expiration:		Expiration:	
# of Seat Belts			