

ZOO TROOP 136 • NEW SCOUT SCHEDULE OF FEES / CONSENT FORM

Mandatory Fees per Scout:	NEW SCOUT	TRANSFER
<input type="checkbox"/> National BSA Fees, Youth (1-year) <i>Note: if transferring from Pack for which dues are paid, fee is \$1.00 If transferring, please indicate Troop transferring on BSA form and here:</i>	\$15.00	\$1.00
<input type="checkbox"/> National BSA Fees, Adult (1-year) <i>At least one adult from each Scout's family is required to be a registered Member of the unit committee. This makes that adult eligible to sit on Troop boards of review. Note: if transferring from Pack for which dues are paid, fee is \$1.00 If transferring, please indicate Troop transferring on BSA form and here.</i>	\$15.00	\$1.00
<input type="checkbox"/> Troop Fee	\$15.00	
<input type="checkbox"/> One-Time Equipment Fee for Troop Operations	\$40.00	
<input type="checkbox"/> Neckerchief and Slide (Troop 136 Special)	\$10.00	

Total Mandatory Fees:

Optional:

<input type="checkbox"/> Boy's Life Youth Magazine Subscription (1-year) <i>To promote understanding of the Scouting program, all Scouts are encouraged to subscribe at this attractive discount rate.</i>	+\$12.00
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Total Mandatory with Boy's Life:

Scout's Name: _____ Scout's Email: _____

Date of Birth _____ Grade in School: _____

Registered Adult's Name: _____ Date of Birth: _____

Address (plus City, Zip): _____

Parents Name: _____

Address (plus City, Zip): _____

Email _____

Telephone: (Home) _____ (Cell) _____

Alternate telephone (name and #): _____

Medical insurance firm and policy number: _____

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

Printed Name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Notes: After the Scout has attended three Troop meetings, and the adult has attended at least one Troop Committee meeting, return all forms, BSA Adult and Scout applications, and applicable fees to Florrie Tibbitts, Membership Chair, 442-1713, 973 Swanston Drive, 95818 - Make checks payable to "Troop 136."

Scout has attended 3 Troops meetings and Adult has attended One Troop committee meeting, signed _____

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 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			