

## TROOP 149 CHARTER and NEW SCOUT INFORMATION

Scout 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Rank: \_\_\_\_\_  
 BSA ID#: \_\_\_\_\_ Email: \_\_\_\_\_ Current Leadership Position: \_\_\_\_\_

Scout 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Rank: \_\_\_\_\_  
 BSA ID#: \_\_\_\_\_ Email: \_\_\_\_\_ Current Leadership Position: \_\_\_\_\_

Scout 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Rank: \_\_\_\_\_  
 BSA ID#: \_\_\_\_\_ Email: \_\_\_\_\_ Current Leadership Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_ Apt.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

*--Provide addresses for parent/guardian only if different than above address--  
 --Driver's License # and vehicle information required to drive on scout functions--*

Parent/Guardian 1 Name: \_\_\_\_\_ Leadership Position(s): \_\_\_\_\_

Training & dates: Troop Orient. \_\_\_\_\_ YPT \_\_\_\_\_ Ldr. Essent. \_\_\_\_\_ Ldr. Specific \_\_\_\_\_

BSA ID#: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_ Apt.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Leadership Position(s): \_\_\_\_\_

Training & dates: Troop Orient. \_\_\_\_\_ YPT \_\_\_\_\_ Ldr. Essent. \_\_\_\_\_ Ldr. Specific \_\_\_\_\_

BSA ID#: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_ Apt.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 3 Name: \_\_\_\_\_ Leadership Position(s): \_\_\_\_\_

Training & dates: Troop Orient. \_\_\_\_\_ YPT \_\_\_\_\_ Ldr. Essent. \_\_\_\_\_ Ldr. Specific \_\_\_\_\_

BSA ID#: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_ Apt.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### VEHICLES:

*Each vehicle must have at least \$50K/100K/50K coverage (\$100K/500K/100K for 10 or more passenger).  
 Every occupant (including driver) MUST wear a seat belt at all times. Drive with Headlights On.*

Vehicle 1 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_ # passengers \_\_\_\_\_

Liability Coverage Per Person: \$ \_\_\_\_\_ Per Accident: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_

Vehicle 2 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_ # passengers \_\_\_\_\_

Liability Coverage Per Person: \$ \_\_\_\_\_ Per Accident: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_

Vehicle 3 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_ # passengers \_\_\_\_\_

Liability Coverage Per Person: \$ \_\_\_\_\_ Per Accident: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_

Vehicle 4 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_ # passengers \_\_\_\_\_

Liability Coverage Per Person: \$ \_\_\_\_\_ Per Accident: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_

**BSA Fees: \$100.00/scout; Boy's Life Magazine \$13.00 (optional); \$20.00/adult;**

Number of Scouts: \_\_\_\_\_ Number of Boys's Life: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Total Fees: \_\_\_\_\_

**Please Complete the Consent Form also.**

## CONSENT FOR TROOP 149 EVENTS

Scout 1 Name: \_\_\_\_\_  
Scout 2 Name: \_\_\_\_\_  
Scout 3 Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street Address (if different): \_\_\_\_\_ Apt.#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_  
Parent/Guardian 2 Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_  
Parent/Guardian 3 Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Insurance Company Name: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Customer Service Phone number: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_  
Primary Policyholder Name: \_\_\_\_\_

### CONSENT AGREEMENT

I hereby consent for the Scout(s) named above to accompany and participate with Troop 149 in all scouting activities between the dates of January 1, \_\_\_\_\_ and January 1, \_\_\_\_\_ 0 This consent extends to trips and to travel and preparation made in conjunction therewith.

I understand that participation in scouting activities, especially activities involving camping and outdoor activities, involves inherent risks and dangers, including but not limited to hostile natural environments, extremes of temperature, weather, and altitude, and other risks and dangers of which I may or may not be aware. I accept and assume the risks of bodily injury, death, and property damage which may occur to myself or to the above-named Scout(s) while participating in scouting activities, and voluntarily choose to participate and to allow my Scout(s) to participate in scouting activities notwithstanding such risks and dangers.

In the event of emergency, I hereby authorize Troop 149 leaders to provide first aid and seek medical care, hospitalization, or other treatment for my Scout(s) if I cannot be reached and if, in their judgment, immediate treatment is needed.

I hereby release and forever discharge the Boy Scouts of America, the Northeast Georgia Council, Troop 149, and their agents, employees, and volunteers from any and all damages, liability, claims, demands, and causes of action resulting from participation in scouting activities except those resulting from reckless, willful, or intentional misconduct of such agents, employees, or volunteers.

I hereby grant Troop 149 the right to use the name and photograph or other likeness of myself and my Scout(s) in connection with its scouting and promotional materials in any and all media, including printed material, internet and film.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Date)