

Scout Registration

Group Ordinal and Name

Scout's Name

Date of Birth

Family Information

If the scout is a minor, please provide the name and contact information of the scout's parents/guardians. If the scout is not a minor, please provide the scout's contact info here.

Parent 1's Name

Relationship

Email Address

Phone Number

Address

City

State

ZIP Code

Parent 2's Name

Relationship

Email Address

Phone Number

Address (If the same as above, you can just write "SAME" here.)

City

State

ZIP Code

Emergency Contact

Please provide contact information for a family member or close friend that can be an emergency contact in the event that the parents/guardians listed above **are not reachable**. This person *cannot* be one of the parents listed above. This person will only be contacted if the parents listed above do not respond and the scout requires emergency medical care or it is over 30 minutes past the expected end of the event/meeting.

Name

Relationship

Phone Number



Dietary and Health Needs

Please provide the following health information about your scout. The goal with this information is to make sure the scout leaders are aware of any conditions or situations in which your scout requires special attention or awareness. Particularly, please be clear about any food or contact allergies. We do provide food at camping trips and strive to ensure all our scouts have food that is safe and delicious for them to eat.

Special food requirements?

Please check all that apply.

- ☐ Peanut Allergy
- ☐ Tree Nut Allergy
- ☐ Gluten Free
- ☐ Dairy Free
- ☐ Meat Restricted - No Pork
- ☐ Meat Restricted - No Beef
- ☐ Meat Restricted - No Chicken
- ☐ Meat Restricted - No Seafood
- ☐ Vegetarian
- ☐ Vegan
- ☐ Other (please specify to the right)
- ☐ None

Notes or context for your food requirements.

We will be cooking group meals at camp outs and some other events. We make every effort to plan meals to respect everyone's dietary needs. If your scout has any special needs or concerns, please let us know.

Special Medical Considerations

Please list any non-dietary special needs or accommodations your scout has that the scout leaders should be aware of. For instance, does your scout have bee sting allergies, seizures, etc? Is your scout taking any medications? This information will be kept confidential. We are asking purely for your scout's own safety.

What medications are the leaders authorized to give your scout?

Please check off which of the following over-the-counter medications you are comfortable with the leaders dispensing to your child if needed. The leaders keep these medications with the group's first aid kit.*

- ☐ Advil (Ibuprofen)
- ☐ Tylenol (Acetaminophen)
- ☐ Benedryl (Diphenhydramine)
- ☐ Zertec (Cetirizine HCl)
- ☐ Claritin (Loratadine)
- ☐ Tums (Calcium Carbonate)
- ☐ None - Always call me first.

* Please note that other over-the-counter topical creams may be applied, as needed, should a first aid situation arise. Such topical creams include neosporin, burn cream, and anti-itch cream.

Legal Stuff

The following are various waivers and medical releases. Please review and sign to indicate your acceptance.

General Terms and Conditions:

For purposes of this agreement (also referred to as Contract), the following applies throughout the document in consideration of the use of property, facilities, programs and/or services of the parties covered in this agreement. The parties covered by this contract applies to the releases, indemnifications and liability waivers in this contract. To the degree any provision in this contract is unenforceable for any reason, all other contract provisions shall remain in effect. The parties covered by this agreement include the below stated companies, programs and organizations as well as ALL PERSONS involved with these entities including, but not limited to, all other participants, volunteers, employees, leaders, officers and agents. The parties covered by this agreement (also referred to as Releasees) include: Outdoor Service Guides (OSG), formerly the Baden-Powell Service Association of the US (BPSA-US), and the OSG Scout Group _____.

This contract is legally binding. The undersigned agrees as follows:

Medical Release: I (we) the undersigned parent, parents, or legal guardian(s) of _____, a minor, do hereby request that (s)he be permitted to participate in the aforementioned Releasees programs and should the need arise, do hereby authorize and consent to an x-ray examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the parties covered by this agreement for medical aid rendered and will reimburse any person or organization for medical expenses incurred in the care of my son/daughter.

Liability Waiver: I (we) the undersigned parent, parents or legal guardian(s) of _____, a minor, do hereby consent to the aforementioned minor's participation in the activities sponsored by or associated with the parties covered by the agreement. I UNDERSTAND THAT SUCH PARTICIPATION CAN INCLUDE HAZARDOUS ACTIVITIES WHICH MAY EXPOSE HIM/HER TO CERTAIN RISKS OF INJURY SUCH AS LACERATIONS, PULLS AND STRAINS, FRACTURES, CONCUSSIONS, LOSS OF LIMB, DROWNING OR EVEN DEATH. I AM FREELY AND VOLUNTARILY ALLOWING MY SON/DAUGHTER TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY AND DEATH. In consideration of this consent to participate in said programs and activities, I hereby agree, on behalf of said minor and his/her assigns and heirs, to release, defend and hold harmless the parties to this agreement from and against any and all actions, claims, damages (including attorney's fees) of liability arising or resulting from his/her participation in the activities sponsored by the parties covered by this agreement including without limitation, damage to or destruction of any property or injury or death to any person. I HAVE CAREFULLY READ THE SAFETY RULES, MEDICAL RELEASE AND THE TERMS AND CONDITIONS AND FULLY UNDERSTAND THEIR CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE RELEASEES AND MYSELF AND SIGN IT OF MY OWN FREEWILL ON BEHALF OF SAID MINOR.

Health and Safety Terms:

Meeting in person may still pose a risk of contracting COVID-19. If meeting in person, I understand that there are risks of contracting or transmitting disease and that Outdoor Service Guides (OSG), formerly the Baden-Powell Service Association of the US (BPSA-US), and the OSG Scout Group _____ are not able to predict or prevent transmission. I understand that it is my decision whether my child will attend events. I understand that there may be times when scouts may be required to wear masks and social distance. My scout and I agree to participate appropriately or quietly step back from the activity if we cannot meet such a request.

If any member of our family or my scout develops COVID-19 symptoms, we will let the leaders know and will not attend any further scout events until they are 14 days without symptoms or 14 after a positive Covid test. If my scout develops symptoms or has a positive Covid test within 14 days of participating in a scout event, I will inform the GSM and my scout's section leader. The leaders will let the other members of the troop know about the risk of exposure and encourage others to be tested.

Financial Agreement

I agree that I will pay for my scout's participation dues in a timely manner per the request of the group leadership team. The GSM will announce when dues are due to be paid at the start of each scouting season. I understand that it is my responsibility to make sure my scout's dues are paid on time or to make other arrangements with the scout leaders. Dues can be paid by check, cash, or online at _____

Photography Waiver

Outdoor Service Guides (OSG), formerly the Baden-Powell Service Association of the US (BPSA-US), and the OSG Scout Group _____ reserve the right to photograph participants for publicity purposes. You may request that your child not be included in public-facing photography if you wish.

Parent/Guardian Signature

Date

GSM Initials