

PARENTAL CONSENT FORM 2014

Please complete a separate form for each Scout. Every Scout coming to camp must have completed this form.

Scout Name: _____ Week: 2

Troop: 614 Date of Birth: _____ Age: _____

Street Address Phone (include area code)

City State Zip Code

Email: _____

I understand that participation in the various sessions and all other on off-site programs offered through the Occoneechee Council, BSA summer camp program provides benefits to be derived by its participants. After carefully considering the risk involved in these activities and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter), I hereby give my consent for my son/daughter:

(Please print name of son/daughter)

to participate in the aforementioned selected activities. I waive all claims I may have against the Boy Scouts of America, Occoneechee Council BSA, activity coordinator(s), all employees, volunteers or sponsors associated with the aforementioned activities.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

This form must have the signatures of both the participant and the parent (or guardian).

Participant Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

In case of emergency contact: _____ Day Phone: (____) ____ - _____

NAME: _____

SPECIAL NEED TROOP INFORMATION SHEET

* TURN IN TO TROOP BY 5/22/14

PLEASE USE THE INFORMATION CONTAINED ON THE REGISTRATION FORM FOR INDIVIDUAL SCOUTS TO COMPILE THE NECESSARY INFORMATION.

~~Due one week prior to coming to camp. Please email this form to linda.grady@scouting.org~~

FOOD ALLERGIES

Camper Name	Allergic to

SPECIAL DIETARY RESTRICTIONS DUE TO RELIGIOUS PREFERENCE, VEGETARIANISM, ETC.

Camper Name	Dietary Restriction

MEDICAL ALERT

Camper Name	Medical Need/Medication

NOTE: **REQUIRED AT CHECK IN:** Parental Consent and Medical Forms: All campers MUST have a CURRENT medical form within the past 12 months. Sports physicals are acceptable if current within the past twelve (12) months. NO EXCEPTIONS. Medical forms and Parental Consent Forms are DUE AT CHECK-IN (do not send these to the Council Office).



Camp Durant – 2014

CAMPER T-SHIRT ORDER

If you would like to have your troop wear the Camp Durant 2014 “official” T-shirt, please complete the form below and return to Linda Grady, ***no later than June 2, 2014***. Your order will be filled and be available for pick-up at the Trading Post

Adult Sizes

COST: Small, Medium, Large, X-large: \$10.00

 Larger Sizes: 2x, 3x: \$15.00

<u>SIZE</u>	NUMBER SHIRTS	COST	TOTAL
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SMALL			
MEDIUM			
LARGE			
X-LARGE			
2-X			
3 X			

Total # Shirts _____

TOTAL DUE: _____

Visa/Master Cards accepted at the trading post

Check made payable to Occoneechee Council, BSA