



Pack 228 - Twp. Of Washington, NJ
BOY SCOUTS OF AMERICA



PACK 228 YOUTH REGISTRATION FORM

GENERAL INFORMATION

Returning member of Pack 228

New member of Pack 228

Cub Scout's Name: _____

Date of Birth: _____ Grade: _____ School: _____

Address: _____

Home Phone: _____

Parent/Guardian 1:

Name: _____

Email: _____

Cell: _____

Parent/Guardian 2:

Name: _____

Email: _____

Cell: _____

EMERGENCY MEDICAL AID AUTHORIZATION

My child has permission to participate in meetings, activities and outings of Pack 228. Any Pack 228 Adult Leaders are authorized to secure emergency medical aid in the event it should be required.

Parent's Name (printed): _____ Signature: _____ Date: _____

PHOTO RELEASE

I hereby assign and grant to WT Pack 228 and the Boy Scouts of America the right and permission to use and publish the photographs, video, and other electronic representations and/or sound recordings made during my child's activities within WT Pack 228, and I hereby release WT Pack 228 and the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video/electronic representation and/or sound recordings without limitation at the discretion of WT Pack 228 and the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the following.

Agreed to and accepted by:

Parent's Name (printed): _____ Signature: _____ Date: _____

or I do NOT release my child's image to be used by Pack 228