

**2008-2009 BSA Troop 160 Scout and Adult Leader Registration
St Brigid Church, Lexington, MA**

Please return this sheet with your dues and updated contact info to Liz Foley at address below. E-mail is our primary communication method, if you do not have an account, there are free ones available at gmail.com, hotmail.com, yahoo.com, and several other sites). Cary Library has computers available to access the internet. (Please remit check to "Troop 160" by 10/16/08)

Scout Name(s): _____

Scout Email(s): _____

Parents/Guardians Contact Info (Name, address, e-mail, phone #'s etc.....

Parent1 at same address: _____

Parent2 at same address: _____

Parent/Guardian at diff addr: _____

The "PERSONAL HEALTH AND MEDICAL RECORD FORM – Class 3" must be completed and returned before participating in any troop activities. You can find the form at www.troop160.com under the Resources Tab and section titled "Forms and Guides".

This form provides important information related to medical treatment in the event of illness or accident in the course of such activity.

The troop maintains a notebook that travels with each activity. A copy of the form for each scout must be in the notebook. (Med forms are kept by Franco Wong, 37 Homestead St, 02421)

_____ My form is on file, with a parent/guardian signature within the last 12 months.

_____ The troop does not have a current copy of my medical form. A completed form, signed and dated by a parent or guardian is attached (or will be sent under separate cover)

Dues: Please remit this form with checks payable to "Troop 160".

___1___ X \$60.00 for first scout and _____X \$40 for each additional brother scout.

_____X \$12.00 (optional Boy's Life magazine) per scout. (which scout will get it _____)

_____X \$10.00 for each "Registered" Adult Leader (If you wish to be a "registered" Leader, contact John W

_____ **TOTAL enclosed for _____ scouts and _____ registered adults**

_____ I give permission for pictures including my child, taken at scouting events, to be posted on the website www.troop160.com (No identification will be given on the website)

_____ I prefer that my child's picture not be used.

_____, Date _____
(Signature)

Send this form with payment to Liz Foley, 5 Calvin, St, Lexington MA 02420 (781 325-2034)