

Emergency Information & Waiver for 2012 Registration for the 11th Keystone Kosher Klondike Derby

Hosted by Troop 1015 at Camp Hidden Valley, Loysville Pennsylvania.

Arrival time: 1:30-3 PM Friday Jan 13th. Departure Time: 1 PM Monday January 16th.

This registration must be submitted by all adults and youth for proper Klondike Preparation- especially regarding food needs. For troops in transit to/from the Derby, the Scoutmaster or activity leader should carry a copy for each scout.

Scout's Name: _____

Scout's Address: _____ **Scout's Troop #** _____

City/State/Zip: _____ **Home Phone**(____) _____

In Consideration of the benefits derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my son/ward, named above, on the activity named above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the Charter Partner.

In the event of an emergency, the Troop unit leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense. I also give permission to the adult staff of this activity to dispense non-prescription medication including, but not limited to, Tylenol and Advil.

___ I am checking here to indicate my interest in joining other adult volunteers on this activity. _____

(Both male and female adults are accommodated) Signature of parent or guardian Date

PRINT Parent or Guardian Name: _____

EMERGENCY INFORMATION:

During this activity, I can be contacted at the following phone(s) and will accept long distance calls:

(____) _____ (____) _____

This scout is highly allergic or sensitive to (foods, bees, etc.): _____

What, if any, medication is the Scout taking? _____

Any special instructions with this medication? _____

Do you want the unit leader to carry the medication? Yes _____ No _____

Date of the most recent tetanus/booster shot. _____

Scout's doctor is: _____ Doctor's phone #: (____) _____

MEDICAL INSURANCE INFORMATION:

Company: _____

Policy Number (Control No. if Group Policy): _____

Are there any points of additional information, any comments, or any explanation of other problems of which the activity unit leader should be aware?