

**Spring 2009 Scout Registration
BSA Troop 119
Hancock Church, Lexington, MA**

Please return this sheet with your dues. Please update your email addresses if they have changed recently (email 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)

Scout Name: _____

Email is our primary communication method.

Scout Email: _____

Parents/Guardians Info (PLEASE INCLUDE NAME AND EMAIL ADDRESS):

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.troop119.com under the Forms & Info tab.

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.

____ 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.

Dues: \$20. Please remit this form with checks payable to “BSA Troop 119”.

_____ I give permission for pictures including my child, taken at scouting events, to be posted on the website <http://www.troop119.com/> (No identification will be given on the website)

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

(Signature)