

## 2010 TROOP 777 REGISTRATION FEES AND AUTO INFORMATION

**FAMILY:** \_\_\_\_\_.

**SCOUT NAME(S):** \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_.

**ADULT NAME(S):** \_\_\_\_\_; \_\_\_\_\_.

**SCOUT REGISTRATION FEE** = \$48 X \_\_\_\_ SCOUTS = \$ \_\_\_\_.

**ADULT REGISTRATION FEE (optional)** = \$15X \_\_\_\_ ADULTS = \$ \_\_\_\_.

**BOYS LIFE MAGAZINE (optional)** = \$15 = \$ \_\_\_\_.

**TOTAL ENCLOSED** = \$ \_\_\_\_.

### AUTO INSURANCE

All vehicles on Troop outings **MUST** be covered by a public liability and property damage liability insurance policy. The amount of this coverage must meet or exceed the insurance requirements of California. It is recommended, however, that the coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit. Any vehicle carrying 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles, the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with the coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country.

**DRIVER'S LICENSE NOS. :** Father \_\_\_\_\_ Mother \_\_\_\_\_.

Scout \_\_\_\_\_ Other \_\_\_\_\_.

Kind, Year, Make, Color of Vehicle	License Plate	# of Seatbelts	Owner's Name	PUBLIC LIABILITY		
				Each Person	Each Accident	Property Damage

I certify that the information provided above is true and correct.

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_.

I do \_\_\_ do not \_\_\_ give permission to Troop 777 and its members, the right and permission to use and publish photographs/film/video tape/electronic representations and/or sound recordings made of my son in Troop sponsored media (website, video, slide shows, newsletter, etc), and I hereby release the Boy Scouts of America, Troop 777 of the Pacific Coast District of the San Diego-Imperial Council, and its members from any and all liability from such use and publication : Name \_\_\_\_\_ Date \_\_\_\_\_.

Email addresses for Scout and/or adult to be used *only* for Troop related communications, etc:

e-mail: \_\_\_\_\_  Family  Father  Mother  Scout

e-mail: \_\_\_\_\_  Family  Father  Mother  Scout

e-mail: \_\_\_\_\_  Family  Father  Mother  Scout

TROOP 777  
Desert Pacific Council  
Boy Scouts of America

AUTHORIZATION AND CONSENT TO SECURE MEDICAL TREATMENT  
JANUARY 1, 2010 TO DECEMBER 31, 2010

I/We, the undersigned, do authorize and give consent to Tom Szczotka, currently registered SCOUTMASTER OF TROOP 777, BSA, or his direct replacement or duly designated substitute as agent for the undersigned, to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care, for the below named minor which may be deemed advisable and rendered by a Physician licensed under the provisions of the Medical Practices Act, or any Dentist licensed under the Dental Practices Act, whether such diagnosis or treatment is rendered at the office of said Physician or Dentist, at a hospital, Scout Camp or elsewhere.

I/We, the undersigned, do further authorize and give consent to the below named minor to participate in the activities, either indoor or outdoor, either short term or long term, of TROOP 777, BSA, for the period of time indicated above. This permission to participate shall include all time spent at such Camp or Event conducted by the herein named Boy Scout Troop and specifically authorized by the Boy Scouts of America, Inc.

This authorization/permission shall remain in effect for the period of time specified above unless otherwise revoked in writing by the undersigned or his/her/their duly authorized agent or by other means recognized as legal and proper.

NAME OF MINOR: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ . SCHOOL GRADE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FATHER /GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
MOTHER/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
INSURANCE CO: \_\_\_\_\_ POLICY/GROUP #: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_  
SPECIAL NOTES: \_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_ DATE: \_\_\_\_\_

This Form Must Be On File With Troop 777 For A Scout To Participate In Any Activity.  
If Not On File, The Scout's Parent/Guardian May Be Required To Attend The Activity.