TROOP 902 REGISTRATION FORM

SCOUT INFORMATION

Name	Birth Date	
Address	Age	
	<u>—</u>	
Home Phone	Cell Phone	
Email		
School	Grade	
PARENT/GUARDIAN INFORMATION		
Name	Home Phone	
Email	Cell Phone	
Name	<u> </u>	
Email	Cell Phone	
Driver License #	<u> </u>	
Vehicle Make	Tag Number	
Insurance Co.	Policy Number	
Emergency Contact	Emergency Phone	
MEDICAL INFORMATION		
Physician	Phone	
Insurance Co.	Policy Number	
Medical or Diet		
Concerns		

Please Read and Sign Permission/Liability Release on Sheet 2 Please Read and Sign Talent Release Agreement on Sheet 2

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Scout Name	
PERMISSION/LIABILITY RELEASE	
activities. In the event of an emergency and I am the leaders of Troop 902 to seek proper medical present and cannot be contacted, I give permission treatment and surgical care if necessary. I will not	reby give him permission to participate in all Troop 902 not present and cannot be contacted, I give permission to treatment. In the event of an emergency and I am not on to the physician to provide emergency medical thold Troop 902 or its leaders liable for this scout either 902 activity, except for clear acts of negligence or non-
Signed	Date
TALENT RELEASE AGREEMENT	
publish photgraphs, videos, electronic representa 902 Scouting activities. I hereby release Troop 90 the committee, or any volunteers associated with and publication. I hereby authorize the reproduction photgraphs, videos, electronic representations, or Cornerstone United Methodist Church displays with	reby grant Troop 902 the right and permission to use and tions, or recordings made of me or my scout at any Troop 02, which includes the leaders, the activity coordinators, these activities from any and all liability from such use on, exhibition, broadcast, and distribution of such recordings to be used on Troop 902 Website or any ithout limitaion and at the discretion of the leadership of ensation I may have for any of the forgoing materials.
Signed	Date