

HOUSATONIC COUNCIL, BOY SCOUTS OF AMERICA

REQUIRED FORM



PLEASE READ CAREFULLY AND FILL OUT COMPLETELY

***THE FRONT PAGE IS FOR USE AT ALL CAMPING PROGRAMS HELD AT CAMP STRANG AND CUB SCOUT DAY CAMP
THE SECOND PAGE IS FOR USE AT ALL CAMPING PROGRAMS HELD AT CAMP STRANG ONLY***

SIGNATURES ARE REQUIRED IN EACH SECTION

PERMISSION TO LEAVE CAMP

This form MUST be filled out for EVERY Scout and is due at the Tuesday pre-camp meeting for Scouts going to Camp Strang.

Parents/guardians of Scouts attending Cub Scout Day Camp, please use this form if you are authorizing another family member or friend to pick-up your son.

Scouts Name: _____ Unit/#: _____ Week #: _____
Scoutmaster's Name (Strang Only): _____
Camp Site (Strang Only): _____

We Cannot Release any Scout to anyone other than a Custodial Parent or Legal Guardian. We require advance notice if a Scout will be leaving Camp for any reason (other than Emergencies) and with whom. In case of Emergency, a Scout will be released to the Parent or Guardian whose signature is on the Official Housatonic Council, Boy Scout of America Medical Form.

Reason for Leaving: _____

Name and Relationship of person who is authorized to pick-up Scout: _____

Signature of Custodial Parent or Legal Guardian _____ Date _____

For Camp Strang Only:

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

TALENT RELEASE FORM

This form is necessary and required. It MUST be filled out for/by EVERY CAMPER that attends camp.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me/my son by the Boy Scouts of America, Housatonic Council and hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation, at the discretion of the Boy Scouts of America and I specifically waive the right to any compensation I may have for any of the foregoing.

Name of Camper: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____
(Parent/Guardian Signs for Scout if Under 18)

Relationship to Camper: _____ Date Signed: _____