

# TROOP 787

## Youth REGISTRATION



Activity: **WEEK 1, Summer Camp at CAMP LANOCHE**  
 To: Camp LaNoChe, 41940 Boy Scout Rd; Paisley, Florida 32767  
 Coordinate: 28.962753295898438, -81.53800201416016  
 From: Keeth Elementary School (425 Tuskawilla Rd Winter Springs)  
 Depart: Sunday, June 7th, 2020 at 9:00am  
 Return: Saturday, June 13th, 2020 at 11:00am to Willow Creek Church  
 Tour Guide Contact: Eric Orndorff 570-974-9721 [eorndorff@verizon.net](mailto:eorndorff@verizon.net)  
 Chris Thompson 407-227-1817 [thoga00@hotmail.com](mailto:thoga00@hotmail.com)  
 Medical - TBD

Detach and retain top section for your reference

Detach and return bottom section to the Troop along with Fees

### CAMP LANOCHE SUMMER CAMP – WEEK 1

**Scout Name:** \_\_\_\_\_ **Patrol** \_\_\_\_\_

An occasion could arise that you will need to be contacted while the Scouts are involved in the above described activity. In case of injury, sickness, violation of BSA policy, etc., the adult leaders and Patrol Leader's Council of the Troop require that phone numbers where you can be reached during the duration of this activity be included below.

**Phone 1:** \_\_\_\_\_ **Phone 2** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**In case of emergency,** I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permissions to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

**Signed:** \_\_\_\_\_

Parent or Guardian

Date

#### Camp registration information confirmation

Date of birth	
Age	
BSA I.D. #	
Rank	
Allergies	
Medical Concerns	
Dietary Restrictions	Gluten Free ___ Vegan ___ Other(specify) _____
Swim Test	T787 test _____ Need swim test _____
Do you want a troop photo?	

Scout dues current? \_\_\_\_\_

Medical form current? \_\_\_\_\_

**Requested Driver** \_\_\_\_\_