



BPSA Youth Registration Form
7th Trailblazers Scout Group
Austin, TX



Please complete one form for each scout who will be participating in 7th Trailblazers. All youth scouts must be registered in order to participate in group meetings or events. Registration requires a \$45 fee per scout (or \$60 for family). Registration fees include national fees and group insurance premiums. Additional costs for uniform, meeting materials fees (\$10 per month per scout with \$20 family cap), and outings are not included in the registration. If support is needed for registration or other costs, please contact the scout master.

Name:		Grade:	Birthdate:
Address:		School:	
City:		Contact E-mail:	
State:	Zip:	Preferred Phone:	

Parent/Guardian:		E-Mail:	
Phone:	Address:		
Parent/Guardian:		E-Mail:	
Phone:	Address:		

Emergency Contact:	Phone:
Emergency Contact:	Phone:

<p>Please list all other individuals authorized to pick up child. Unless otherwise specified, it is assumed the listed parents/guardians and emergency contacts are authorized for pick up.</p>

Please complete the medical information and talent release on the reverse side of this form. If you have not already done so, please complete the release waiver. All participants in any 7th Trailblazer event must have a signed release waiver on record.

Name:	Birth Date
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Medical Information:

Insurance Carrier:	Name of Primary Insured:
Policy Number:	Group Number:

Physician Name:	Physician Phone:
Physician Address:	

Current Medications:
Allergies or Dietary Restrictions:
Medical or Mobility Concerns:
Special Needs or Behavioral Concerns:
Other Information We Should Know:

Talent Release:

I (we), _____, the undersigned parent, parents or legal guardian(s) of _____ hereby assign and grant the Baden Powell Service Association and BPSA 7th Trailblazers the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of said minor by the Baden Powell Service Association and BPSA 7th Trailblazers.

I hereby release BADE POWELL SERVICE ASSOCIATION AND BPSA 7th TRAILBLAZERS 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 Baden Powell Service Association or BPSA 7th Trailblazers and I specifically waive any right to any compensation I may have for any of the foregoing.

Minor's Name: _____

Parent(s)/Guardian(s) Name: _____

Signature: _____

Date: ____ / ____ / ____