

# Boy Scout Troop 215 – Registration Form

YOUTH					
First Name	Nickname	Middle Initial	Last Name		
Street Address		City		State	Zip
Date of Birth	Age	School			Grade
Scout's Email address				Scout's Cell Phone	
Current Scouting Rank:	<input type="checkbox"/> None (new) <input type="checkbox"/> Scout <input type="checkbox"/> Tenderfoot <input type="checkbox"/> 2 <sup>nd</sup> Class <input type="checkbox"/> 1 <sup>st</sup> Class <input type="checkbox"/> Star <input type="checkbox"/> Life <input type="checkbox"/> Eagle				
How did you hear about Troop 215?	<input type="checkbox"/> Flyer <input type="checkbox"/> Friend / Another Parent: _____ <input type="checkbox"/> Web Search <input type="checkbox"/> Social Media <input type="checkbox"/> Yard Sign <input type="checkbox"/> Other:				

ADULT #1					
First Name	Nickname	Middle Initial	Last Name		
Relationship to Youth				Address same as Youth	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (specify) :				<input type="checkbox"/> Yes <input type="checkbox"/> No:	
Street Address		City		State	Zip
Home Phone		Work Phone		Cell Phone	
Email address					
<input type="checkbox"/> Home <input type="checkbox"/> Work					

ADULT #2					
First Name	Nickname	Middle Initial	Last Name		
Relationship to Youth				Address same as Youth	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (specify) :				<input type="checkbox"/> Yes <input type="checkbox"/> No:	
Street Address		City		State	Zip
Home Phone		Work Phone		Cell Phone	
Email address					
<input type="checkbox"/> Home <input type="checkbox"/> Work					

**PRIVACY STATEMENT:** Contact and profile information collected on this form will be used only for purposes of Troop 215 communications and operations. It will not be shared with other third party organizations outside of Troop 215, its charter organization, and the Boy Scouts of America (BSA) unless authorized by the applicant.

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<b>Youth Name:</b>		
<b>REGISTRATION COSTS</b>	<b>Cost</b>	<b>Your Cost</b>
<b>Troop 215 Annual Membership Dues</b> - includes one \$20 equipment fee per family, annual BSA Youth registration, Boys' Life subscription, accident insurance, Bucks County Registration, advancement awards, etc.	<b>\$100.00</b>	
<b>DISCOUNTS</b>		
<b>Siblings</b> – subtract equipment maintenance fee & Boy's Life (if willing to share!)	<b>\$60.00/sib</b>	
<b>Webelos</b> – newly crossing over to Boy Scouts	<b>\$45.00/Web</b>	
<b>Adult Leader</b> – for parents who'd like to get involved with the troop	<b>\$35.00/adult</b>	
<b>TOTAL</b>		

PAYMENT METHOD	Received by	Amount
<b>Check</b> - number: _____		
<b>Cash</b>		
<b>Scout's Individual Youth Account</b> Please check with the Troop Treasurer to determine amount available.		

REQUIRED FORMS FOR MEMBERSHIP
The following forms must be also be completed in full and submitted for the Youth (and/or Adult) to be registered as a member of BSA and Troop 215:
<b>BSA Youth Application (New scouts only)</b> Application form to join the Boys Scouts of America (BSA). <a href="https://www.scouting.org/filestore/pdf/524-406.pdf">https://www.scouting.org/filestore/pdf/524-406.pdf</a>
<b>Annual BSA Health and Medical Record, Parts A &amp; B (Required for all Scouts)</b> <a href="https://www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf">https://www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf</a> Includes: Emergency Contact, Health History (including allergies), Medications, Informed Consent and Hold Harmless/Release Agreement, Talent Release Agreement, Adults Authorized to Take Youth to and from Events
<b>BSA Adult Application (New Parent Volunteer only)</b> Application form to join the Boys Scouts of America (BSA). <a href="https://www.scouting.org/filestore/pdf/524-501.pdf">https://www.scouting.org/filestore/pdf/524-501.pdf</a>

Troop 215 TALENT RELEASE AGREEMENT
I hereby assign and grant to Troop 215 the right and permission to use and publish the photographs/film/ videotapes/ electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release Troop 215, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity 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/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Troop 215, and I specifically waive any right to any compensation I may have for any of the foregoing.
<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE	
I approve this application to join Troop 215 and agree to complete and submit the required forms for membership listed above. I understand that there are costs of the Scouting program beyond the initial registration costs.	
<b>Printed Name of Parent/Guardian</b>	
<b>Signature of Parent/Guardian</b>	<b>Date</b>