



**PARENTAL / PARTICIPANT EVENT PARTICIPATION FORM**

THIS FORM IS REQUIRED FOR ALL OVERNIGHT EVENTS.

IF THIS FORM IS NOT ON FILE AT THE TIME OF CHECK-IN, YOU WILL NOT BE ALLOWED TO STAY IN CAMP.

<b>PARTICIPANT NAME</b>		<b>PLEASE PRINT</b>
<b>EMERGENCY CONTACT INFORMATION</b>		
Parent/Spouse Name: _____	Phone: _____	
Alternate Name: _____	Phone: _____	
Alternate Name is (circle one): PARENT SPOUSE SIBLING OR Other: _____		
<b>BRIEF MEDICAL INFORMATION</b>		
<b>MEDICATIONS CURRENTLY TAKEN</b>	<b>CONDITION / REASON FOR MEDICATION</b>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Dietary Restrictions / Allergies _____ <input type="checkbox"/> NONE		

**PERMISSION, EMERGENCY TREATMENT, AND CODE OF CONDUCT WAIVER**

- I do hereby give permission for the child or self (as an adult participant) listed above to participate in:
  - the 2010 Winter Fellowship Weekend at Camp Sayre in Milton, MA from February 5 to 6, 2010,
  - the 2010 LLD Weekend at Camp Sayre in Milton, MA from April 9 to 11, 2010,
  - the 2010 Spring Ordeal at T.L. Storer Scout Camp in Barnstead, NH from May 21 to 23, 2010,
  - the 2010 Fall Ordeal at Camp Massasoit in Plymouth, MA from September 24 to 26, 2010.
- I fully understand that my child or self is to accept all rules and requirements governing conduct during these events as outlined by the Scout Oath and Law.
- I grant permission for the use of photos with my child or self in your promotional materials, including your web site and printed materials, in accordance with Boston Minuteman Council policies and guidelines.
- I, the undersigned, hereby release and discharge the Boy Scouts of America, Boston Minuteman Council, Moswetuset Lodge, Officer, Employees, Agent and Servants, (hereafter known as BSA), from all liability, arising out of or in connection with the above described event. For the purpose of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the BSA, or that any other person or entity may have against the BSA, or that any other person or entity may have against BSA because of any death, personal injury or illness, or because of any loss or damage to property, that occurs during the above described event and that results from any cause.
- In the event of illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child (or self). It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

\_\_\_\_\_  
SIGNED PARENT / GUARDIAN, IF UNDER 18 YEARS OF AGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED PARTICIPANT

\_\_\_\_\_  
DATE

**PLEASE RETURN COMPLETED FORM BY MAIL OR FAX TO THE ADDRESS BELOW:**

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[www.lobsterlodge.org](http://www.lobsterlodge.org)

**PLEASE COMPLETE BOTH SIDE OF THIS FORM. →**

Moswetuset Lodge #52, BSA • 411 Unquity Road • Milton, MA 02186 • (617) 615-0005:F

**Complete or correct this information and return it by mail or fax to:**

MOSWETSET LODGE #52, BSA • 411 UNQUITY ROAD • MILTON, MA 02186 • (617) 615-0005:F

**PERSONAL INFORMATION** (PLEASE PRINT)

FIRST NAME (NICKNAME) MIDDLE LAST NAME (SUFFIX)

BSA ID NUMBER (REQUIRED)

All Members must be registered with a Unit or directly with the Council, and will need to include their BSA ID number from a valid BSA registration card to complete registration.

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

DATE OF BIRTH: (REQUIRED) \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
HOME / WORK / CELL

ALT. TELEPHONE: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
HOME / WORK / CELL

ALT. TELEPHONE: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
HOME / WORK / CELL

**UNIT INFORMATION: (REQUIRED)**

Troop  Post  Ship  Crew  Pack

Unit Number

Unit's Hometown, -City or Community

District Member-at-Large  Council Member-at-Large

**CHAPTER: (SELECT YOUR CHAPTER)**

Tschitanek Lenno Chapter / Flintlock District

Missi-Tuk Chapter / Sons of Liberty District

Wischalowe Chapter / Great Blue Hill District

All Arrowmen are members of one (1) Chapter – no more – no fewer.

LOBSTERLODGE.ORG DOUBLEKNOT ACCOUNT ID

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT: (REQUIRED FOR YOUTH UNDER 21)	EMERGENCY PHONE	CONTACT NAME	RELATION
	( ) -		SPOUSE / PARENT
	( ) -		PARENT

**OA MEMBERSHIP INFORMATION AND HONORS**

OA CANDIDATE (IGNORE THE REMAINDER OF THIS FORM)

**MEMBERSHIP LEVEL:**

CIRCLE ONE: ORDEAL – BROTHERHOOD – VIGIL

**ORDEAL DATE AND LODGE:**

/ / LODGE #

**BROTHERHOOD DATE AND LODGE:**

/ / LODGE #

**VIGIL DATE AND LODGE:**

/ / LODGE #

**VIGIL TRANSLATION:**

**VIGIL NAME:**

**LODGE RECOGNITION AWARDS**

**NATIONAL DSA:**

/ / LODGE #

**FOUNDERS AWARD:**

/ / LODGE #

**OTHER AWARDS:**

/ / LODGE #

**LEON A. LAFRENIERE DSA:**

/ / LODGE #

**AUSTIN TRACY:**

/ / LODGE #

**RAY DELEHANTY:**

/ / LODGE #

**CHAPTER SERVICE AWARD:**

/ / LODGE #

**ROOKIE ARROWMAN OF THE YEAR:**

/ / LODGE #

**TROOP REP OF THE YEAR:**

/ / LODGE #

DATE AND LODGE (NAME AND/OR NUMBER) REQUIRED FOR ALL LODGE HONORS AND AWARDS. IF UNSURE OF DATE, PLEASE GIVE BEST GUESS APPROXIMATION. (E.G. "FALL 2007" OR "06/1995")

2010 MOSWETSET PROFILE