



# TROOP 175 SUMMER CAMP 2019

BSA Troop 175 | Decatur, Georgia | www.troop175.com



## Summer Camp Registration Form 2019

Please submit the **completed form** and a **check payable to Troop 175 BSA**. You can bring them to a scout meeting or mail them. *If you have a financial hardship, please talk with Scoutmaster Kevin Wyatt.*

**Mailing address:** Eric Butterfield, 128 Mimosa Place, Decatur, GA 30030

**Deadline: January 25.** Please note that this form gets you on the list but does not guarantee a slot at camp.

---

### Scout & Fee info

First Scout's name: \_\_\_\_\_ Summer Camp Fee is \$225

Second Scout's name: \_\_\_\_\_ Summer Camp Fee is \$200

Use my popcorn funds of \$ \_\_\_\_\_  Sending check  Using PayPal for total Fee of \$ \_\_\_\_\_

---

### Emergency Contact Info

Parent/Guardian 1: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

---

### Special Dietary Requirements:

\_\_\_\_\_  
\_\_\_\_\_

*We'll do our best to accommodate requests, but we're limited by the capabilities of the mess hall.*

---

### RELEASE

WHEREAS, I/we are consenting to send our child/children \_\_\_\_\_ to CAMP 175 Boy Scout Camp at Lake Allatoona, Georgia, **Sunday June 2, through Saturday June 8, 2019** and WHEREAS, I/We are doing so entirely upon my/our own initiative, risk and responsibility;

NOW, THEREFORE, in consideration of the permission extended to my/our child/children by the Boy Scouts of America, Troop 175, Camp 175, Inc. and the First United Methodist Church of Decatur, Georgia through its agents, to be allowed to attend such summer camp, and I/We do hereby for myself/ourselves do remise, release and forever discharge the Boy Scouts of America, Troop 175, Camp 175, Inc. and the First United Methodist Church of Decatur, Georgia, it's agents, Staff or Leaders, from all claims, demands, actions or causes of action, on account of any physical injury to my/our child/children which may occur from activities participated in by my/our child/children incident to said Scout camping activity. In the event of an emergency, the leader of the activity has my permission to obtain medical treatment for my son at the nearest hospital or doctor, at my expense.

---

Parent/Guardian Name

Signature

Date