


BOY SCOUTS  OF AMERICA®  
TROOP 1 – MILFORD



September 30, 2017

Dear: Parents or Guardians

It is that time of year again when the Troop collects annual dues and prepares for the rechartering of the Troop with the Boy Scouts of America for 2017-2018 school year.

The BSA National fee was raised to \$33 for the coming year. Also, last year there was the addition of a \$24 "Operations Fee" by the CT Yankee Council, the overall registration fees will be going up this year. In order to help keep the costs down the Troop will collect as dues to the Troop only \$3. To offset this, we ask for your support during our fund-raising activities.

To summarize the registration fees:

BSA National Dues:	\$33
Council Insurance Fee:	\$5
Council Operations Fee:	\$24
Troop 1 Dues:	\$3

The total costs of registration fees this year will be \$65. If your Scout is interested in a subscription to Boys Life (or continuing his subscription), there will be an additional charge of \$12 for a registration fee total of \$77.

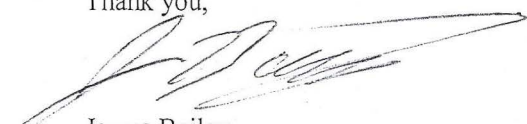
Included with this letter are two forms: 1) 2017-2018 Scout Registration Form; and 2) 2017-2018 Scout Contact and Emergency Form. **Both forms must be completed and returned to the Troop. Please complete both forms in detail and neatly. This information is critical for the Troop so we can contact you in case of an emergency.** Make sure to provide us with updated cell phone numbers and email addresses.

Also, included on the first form is a Talent Release Form. This form is so that the Troop has your permission to post pictures of the Scout activities on the Troop 1 web site. The Troop does not and will not identify any Scouts by name with their pictures on the web site to protect everyone's privacy. We are asking everyone to please sign and provide their permission as this will greatly help the volunteer leadership.

**All forms must be turned in with payment no later than 10/25/2017.** Forms with payments can be turned in at any Troop meeting or mailed to my home address: 22 Washington Street, Milford, CT 06460. Payments can be made by cash or check (make checks out to: Troop 1 Milford, CT). If mailing, please do not send cash.

If you have any questions, please let me know.

Thank you,

  
James Bailey  
Charter Organization Representative – Troop 1  
[bailey1jm@hotmail.com](mailto:bailey1jm@hotmail.com)  
(203) 331-3903

**2017-2018 TROOP 1 - MILFORD  
BOY SCOUT  
REGISTRATION FORM**



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Scout Name: \_\_\_\_\_

Parent's email address(s): \_\_\_\_\_

Scout's email address (optional): \_\_\_\_\_

**Select One:**

**Standard Registration Fee: \$65.00**

**Registration Fee with Boys Life Subscription: \$77.00**

**TOTAL ENCLOSED:** \$ \_\_\_\_\_ Check # \_\_\_\_\_  
*(checks payable to "Troop 1 Milford")*

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**Talent Release Form**

I hereby assign and grant to Troop 1 Milford, CT, the CT Yankee Council and the Boy Scouts of America the right and permission to use and publish the photographs / film / videotapes / electronic representations and/or sound recordings made of me or my child by Troop 1 Milford, CT, the CT Yankee Council and/or the Boy Scouts of America, and I hereby release Troop 1 Milford, CT, the CT Yankee Council and the Boy Scouts of America 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 1 Milford, CT, the CT Yankee Council and the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

**Parent(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**2017-2018 Troop One: Scout Contact & Emergency Information**

**Scout's Name:** \_\_\_\_\_

Birth day: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Contact (other than Mother or Father)**

Name: \_\_\_\_\_ Relationship to Scout: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**Medical Insurance Co:** \_\_\_\_\_

Policy #: \_\_\_\_\_ Id#: \_\_\_\_\_

**Please list all medications currently prescribed for your son below. Include reason, dosage and times to be given:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**All medication(s) shall be turned over to the adult leaders with written instructions for their use. Please list any and all medical conditions, limitations, and/or allergies that we should be aware of:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

We (I) give the adult leaders permission to act on our (my) behalf should an emergency arise and they are unable to contact us immediately. The adult leaders of Troop 1 will make every effort to contact the parent's of the scout listed using the information provided on this form. We will only use this information for this sole purpose. Please note that no scout will be able to attend any outside functions unless this form has been filled out completely and signed.

**Parent(s) Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_