

OA David Hinds Memorial Leadership Training Registration 2004

Sign up NOW! Space is limited.

<u>Cost</u>	<u>Registration and Description</u>
	David Hinds Memorial Leadership Training December 11, 2004
\$8.00	7:30 a.m. until 4:30 p.m. Lunch Provided Cockrell Scout Center, 2225 N Loop West, Houston, Texas

Registration Fee is \$8.00.

PLEASE Complete ALL Blanks, sign on all signature lines, and print legibly in ink or type.

Name _____ Age _____ Sex _____ Adult or Youth(A/Y)
Address: _____
City: _____ State: _____ Zip _____ Phone _____
Name of Parent Guardian _____
Business Telephone _____ Pager _____ Cell Phone _____
Home Address _____ City _____ State _____ Zip _____
District: _____ Unit: _____ Rank _____ e-mail _____

MEDICAL INFORMATION

All candidates **MUST ATTACH TO THIS FORM** a completed Class 1/2, Class 3 if over the age of 40, medical form. They must also attach a completed council Medication Form listing what medications they are taking and what medications that they may take such as Tylenol, Aspirin, etc. *No candidate may participate without completed medical forms.* These forms are available on the council website. WWW.SAMHOUSTONBSA.ORG/HOME/FORMS.

CONSENT TO TREAT

In Case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event that I can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult)
Date _____ Signature of parent/guardian or Adult _____

TALENT RELEASE

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/electronic representations and/or recording made of myself and/or my child at this(ese) event(s) by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I further authorize the reproduction, sale copyright, exhibit, broadcast, electronic storage and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing. Names and/or individualized identification shall be unintentional.

Signature

Date

Card Holder Name _____
Payment Method: Cash Check Amex MC Visa Disc
_____ Exp. Date _____
Signature _____

Mail to: OA Secretary
P.O. Box 924528
Houston, TX 77292-4528

Fax to: 713-865-9199
ACCT No. 900274 1-2371-752-00