

Troop 39 Summer Camp 2021 Registration

Please complete this form and return it to Ray Langlois with payment as soon as possible, but no later than the 4/27/2021 troop meeting to avoid a \$25 late fee from CT Rivers Council. Any questions on camp registration, contact Ray at 860.754.8392 or ray.a.langlois@gmail.com

Personal Information:	
Scout's Name:	_____
Birthdate:	_____ Age (as of 6/27/2021): _____ Rank: _____
Parent(s):	_____
Address:	_____
e-mail(s):	_____
Phone:	_____ Cell: _____

Camp Information:	
<input type="checkbox"/>	Sunday, June 27th - Friday, July 2nd Summer Camp with Troop 39 at JN Webster \$450
<input type="checkbox"/>	Family BBQ
<input type="checkbox"/>	Friday 6pm: # Adults @ \$8 _____ # Under 10 @ \$5 _____
	Troop photo (\$10)
Discounts: \$100 discount on each additional week (separate registration required online at CT Rivers Council).	
<i>August : Merit Badge Completion Day at JNW. Scouts may attend individually; based on need, troop may organize a group to attend. \$15 payment collected day of event.</i>	

Payment Options:		
1) Check to Troop 39	2) Authorization to deduct from Individual Scout Account	3) Credit Card via PayPal (fees apply)
Camp Cost	\$ _____	
BBQ/Photo Total (optional)	\$ _____	
Total Due	\$ _____	
Deduct from Individual Scout Account:	\$ _____	
Balance Due:	Check # _____	\$ _____ Make check payable to Troop 39
Total Paid:	Date Paid _____	\$ _____
<i>Please note: several merit badges have additional fees which will be collected after scouts make their merit badge selections.</i>		

Tentmate Selection:	_____
----------------------------	-------

Required Forms: BSA Health and Medical Record Parts A-D, copy of insurance card, and Merit Badge Sign-Up. The physician signature required on Part B may be substituted with a signed State of CT blue form. ALL signatures must be dated after 6/27/20. If more space is needed for medications and/or allergy treatment, please use the Authorization to Administer Meds (one per medication) and Allergy Treatment Plan forms. Forms available on our website www.ct-troop39.org. All Health forms handed in by **5/11/2021** will be reviewed by a nurse to ensure accuracy. Any revisions will be due by the 6/8/2021 Pre-Camp Meeting. Completed forms will be delivered to camp prior to attendance and reviewed with the camp health personnel for final approval. If health forms are handed in after this date, parents assume responsibility for any changes that may be required to the forms to allow camp attendance.

Paperwork Checklist:	Part A <input type="checkbox"/>	Part B <input type="checkbox"/>	Part C <input type="checkbox"/>	Part D <input type="checkbox"/>	Merit Badge Sign-Up <input type="checkbox"/>	Tentmate Selection <input type="checkbox"/>
		Copy of Insurance Card (front and back) <input type="checkbox"/>		Authorization to Administer Medication form - use only if more space is needed from Part B <input type="checkbox"/>		

Crossover Scouts participate in First Class Path program. All scouts work on Swimming merit badge. Circle choice of second badge work:
Art Basketry Leatherwork

Crossover scouts may also choose to sign up for 7pm or 8pm classes on Merit Badge sign-up sheet

REFUND POLICY: The Connecticut Rivers Council must commit financial resources to purchase equipment, hire staff, and otherwise prepare to provide the high quality programs in our camps that have come to be expected well in advance of the camps opening for the summer. Participants, therefore, must also make a financial commitment to attend. Refund requests made before June 15: the fee will be reimbursed minus the cancellation fee of \$75. Requests after July 1: fee will be reimbursed minus the cancellation fee of \$150. All requests for refund consideration are to be in writing and sent either in the form of a letter or email to Connecticut Rivers Council.

COVID CANCELLATIONS- If you must cancel due to a covid illness or exposure before camp there will be a refund. If Council must cancel camp due to Covid you will receive a full refund.

Confirmation: I have read and acknowledge the statements on the BSA Medical and Health Records Forms and the CT Rivers Council Refund Policy.	
Signature: _____	Date: _____