



Nite Hike 2008 - Individual Youth Registration Form

Troop 14



Santa Clara

**PLEASE BRING THIS FORM TO HEADQUARTERS DURING CHECK-IN
(One youth per form)**

Participants General and Emergency Contact Information

Youth Name _____ Parents/Guardian Name _____

Home Phone _____ Alternate Phone _____

In the even that I, the parent/guardian, cannot be reached, the above named minor may be released to either of the following who have agreed to pick-up the above named minor:

Name _____ Home Phone _____

Relationship to Youth _____ Alternate Phone _____

Name _____ Home Phone _____

Relationship to Youth _____ Alternate Phone _____

Permission to Attend Nite Hike

I, the undersigned parent/guardian of the above named minor, do hereby grant the above named minor permission to attend Nite Hike 2008. I affirm that preparation has been made, and that provisions, clothing and equipment is adequate for the planned activities and expected weather conditions of this event.

Parent/Guardian Signature _____ Date _____

Notification of Photo Consent

I, the undersigned parent/guardian of the above named minor, give permission for the staff of Nite Hike to use a photograph(s) of the above named minor in any and all formats of published media. Within published media, only the photograph or resemblance of the above named minor will be shown. The name of the above named minor or other identifying means will not be provided, except for unit number and the activity the above named minor is participating in. This is in accordance with both Boy Scouts of America and Girl Scouts of Northern California Youth Protection Policy, up to the age of 18. This consent shall remain valid, unless revoked in writing by the undersigned and deliver to the Event Director of Nite Hike.

Parent/Guardian Signature _____ Date _____

Medical Information and Emergency Care Consent

Allergies/Physical or Mental Condition _____

I, the undersigned, hereby authorizes any Nite Hike adult staff member, or such substitute as designated to act as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by, and to be rendered, under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. This authorization shall remain effective while the above named minor is en route to or from, or involved in participating at Nite Hike, unless revoked in writing by the undersigned and delivered to the Event Director of Nite Hike.

Parent/Guardian Signature _____ Date _____