



You Can Reach the Venturing Summit!

August 12-14, 2011
Bovay Scout Ranch

\$ _____ \$25.00 Friday – Sunday fee
\$ _____ \$20.00 Saturday *Only* fee, includes the banquet
\$ _____ \$10.00 Banquet *Only* fee
Total \$ _____ Make checks payable to : SHAC

Please send registration to:
Sam Houston Area Council
"Venturing Summit"
Acct #: 1-6801-969-20
P.O. Box 924528
Houston, Texas 772924528

Attendees must be a currently registered member of Boy Scouts of America or a Guest of a registered member of the Boy Scouts of America

I will need to use a Canvas Wall Tent

Yes
 No

Units are encouraged to bring their own tents and cots for camping. If this is not possible –or- you have a need to use the canvas wall tents, please indicate your need. Cots rent for \$5.00. Canvas wall tents sleep 2 persons with cots, or 3 persons on the floor.

PLEASE fill in completely, print legibly in ink or type:

Name _____ Age _____ Gender _____ Adult or Youth (circle one)
Address: _____ City: _____ State: _____ Zip _____
Home Phone: _____ Youth Cell Phone: _____ District: _____ Unit: _____
Name of Parent Guardian _____ Business Telephone _____
Cell Phone _____ email _____
Home Address _____ City _____ State _____ Zip _____

MEDICAL INFORMATION

All members must attach to this form a completed BSA medical form. They must also attach a completed Council medication form listing which medications they are taking and which over-the-counter medications that they may take. No one may participate without completed medical forms. These forms are available on the council website at 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 even 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.

Date _____ Signature of parent/guardian or Adult _____

PAYMENT INFORMATION

Payment Method: Cash Check # _____ Amex MC Visa Disc

Card Holder Name _____ Card # _____ Exp. Date _____

Date _____ Signature of Card Holder _____