



Please submit your full registration (Junior League registration and Boy Scouts of America registration) no later than April 15th for entry into the lottery for participation in the BAM! spring session. All forms and signatures must be received by the Junior League of Greenwich by April 15th in order to be considered for the spring session.

Participant Full Name: _____

Nickname (for name tag): _____ **Date of Birth:** _____

Address: _____

School Name: _____ **School Grade:** _____

T-Shirts and Water Bottles will be provided. Please circle Participant's T-Shirt size:

Youth Large Adult Small Adult Medium Adult Large

Parent/Guardian Full Name: _____

Relationship to Participant: _____ **Cell:** _____

Email: _____ **Alternate Phone:** _____

MEDICAL INFORMATION

Does the Participant have any known allergies or other health issues or is the Participant taking any medication(s), which should be made known to a treating physician or other health care provider?

YES NO

If YES, please describe in detail: _____

Doctor's Name & Phone: _____

Dentist's Name & Phone Number: _____

ALTERNATE EMERGENCY CONTACT INFORMATION

In the event that your son has a medical emergency or otherwise needs to leave the program, please provide alternate emergency contacts and information.

First Alternate Full Name and Relationship to Participant:

Emergency Contact Information for First Alternate:

Cell Phone: _____ **Alternate Phone:** _____

Second Alternate Full Name and Relationship to Participant:

Emergency Contact Information for Second Alternate:

Cell Phone: _____ **Alternate Phone:** _____

The entire selection and registration process shall be at the sole discretion of The Junior League of Greenwich, whose decisions and interpretations shall be final and binding. The Junior League of Greenwich reserves the right to cancel, terminate or suspend the selection process or the event for any reason. The Junior League of Greenwich shall not be responsible for incomplete entries or those that are not received by The Junior League of Greenwich by the applicable deadline for any reason.

By completing the registration and lottery process, you are agreeing to have your son participate in the entire BAM! session on Saturday, May 18 and not arrive late or be picked up early due to other commitments such as lessons, games, practices or for any other scheduled event.

If after arrival the participant is unable to continue participating in the session for any reason (including but not limited to accident, illness, disruptive behavior or any other reason deemed applicable by The Junior League of Greenwich, the Boys and Girls Club of Greenwich, the YMCA of Greenwich, ReachPREP! Or GEMS), the participant's parent/guardian and/or emergency contact will be called immediately.

If your son is selected for the BAM! program on May 18 and is unable to participate for any reason, please contact The Junior League of Greenwich as soon as possible to withdraw from the program.

By signing below, I certify that the information provided above is accurate, and agree that the participant and I will abide by the terms of the lottery process and to participate in the full program if selected.

Parent/Guardian Signature

Date

JUNIOR LEAGUE OF GREENWICH
ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Participant Name: _____

Birth date: _____

Address: _____

INFORMED CONSENT, PHOTO CONSENT, RELEASE, WAIVER AND AUTHORIZATION

I understand that participation in the Boys Achieving More (BAM!) activities at Seton Scout Reservation, 363 Riversville Road, Greenwich, Connecticut 06831 involves the risk of personal injury, including death, due to the physical, mental and emotional challenges in the activities offered. Information about those activities may be obtained from the venue or activity coordinators. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities, including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Junior League of Greenwich, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Junior League of Greenwich cannot continually monitor compliance of participants or any limitations imposed upon them by parents or medical providers. Please list below any restrictions imposed on the above-listed Participant in connection with physical activities and counsel your child to comply with such restrictions.

List participant restrictions, if any:

None

I hereby authorize, assign and grant to the Junior League of Greenwich, as well as its authorized representatives, the right and permission to use and publish any photographs, film, videotapes, electronic representations and/or sound recordings made of my child during the Boys Achieving More (BAM!) activities. I hereby release the Junior League of Greenwich, the activity coordinators, and all employees, volunteers, related parties or other organizations associated with the activities from any and all liability from such use and publication. I further 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 the Junior League of Greenwich, and I specifically waive any right to any compensation I may have for any of the foregoing.

Participant has approval to participate in Boys Achieving More (BAM!) on May 18, 2019 from 10 AM to 5 PM.

Parent/Guardian Signature

Date



Greenwich Scouting

63 Mason Street, Greenwich, CT 06830

www.GreenwichScouting.org

0: 203-869-8424

Participant Full Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

INFORMED CONSENT, RELEASE OF LIABILITY & AUTHORIZATION FOR BAM! MAY 18, 2019

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program.

I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further 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 the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian Signature

Date