



# You Can Reach the Venturing Summit!

## August 13-15, 2010 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 and payment to:**  
 Sam Houston Area Council  
 "Venturing Summit"  
 Acct #: 1-6801-969-20  
 P.O. Box 924528  
 Houston, Texas  
 77292

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

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](http://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 \_\_\_\_\_