



AFRO SCOUTS

Registration Form 2020-2021

Our Scouts are here to work as a team while also developing leadership skills in wide range of practices. We will provide diverse expertise and talent to create environments that inspire and motivate our scouts to be culturally knowledgeable, empowered and respected members of our community. (Please provide a registration form separately for each child)

Participant's Full name:

(First) (Last)

Gender (circle): Female Male

Parent's Phone: (____)____-_____

Parent's Email: _____

Participant's Birthdate: (mm/dd/yyyy) ____/____/_____

Fall Grade: _____ Age: _____



Afro Scouts

(Post office Box or Street Name)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian

Full name: _____

First

Last

Relationship to Participant: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

If primary Emergency Contact is unavailable, please provide a secondary contact:

Name: _____ Relationship: _____

Cell: (____) _____ Phone #2 (____) _____



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Physician Name: _____ Phone# _____

Name of Insurance provider: _____

Claims Address: _____

Claims Phone # _____

Policy Holder: _____ Policy Holder's DOB _____

Policy # _____ Group # _____

Allergies:

Medications: _____

Food: _____

Other (bee sting, latex, etc.): _____

Is an Epi-pen required for any allergy? Yes No N/A

List of Special Needs:

Mobility (wheelchair, walker, etc.): _____

Dietary Restrictions (vegetarian, vegan, etc.): _____



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List any other information that you think would be valuable for our Scout staff to be aware of that would make your days with us more enjoyable:

PARENT WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in our Scouts, and as consideration for the right to participate in the activity, I hereby for myself, my heirs, executors, assigns, or personal representatives, knowingly and voluntarily enter into this waive and release of liability and hereby waive any and all rights, and claims or cause of action of kind whatsoever arising out of my participation or child's participation of the activity, and do hereby release and forever discharged.

Parent/Guardian Signature:

X _____
(Full Name)

Date: _____



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PHOTO RELEASE

The undersigned gives permission to AFRO Scouts to use photographs and audio and/or video recordings of the Scout participants for fundraising and/or marketing purposes. On occasion, with permission, participant in any and all activities, including transportation (if needed) to and from Scouts activities except those specifically prohibited by participants physician.

Parent/Guardian Signature:

X _____ Date: _____
(Full Name)

Commitment to Scouts

I understand that by signing this form I am committed to serve as a Scout member for a year. I will attend all the meetings and activities unless I am sick or injured or family emergency. I will uphold our pledge and be a good citizen and be an upstanding member in our community.

Participant Signature:

X _____ Date: _____
(Full Name)