

SANTA MARGARITA DISTRICT
Registration and Medical Release/Permission
DEN CHIEF TRAINING COURSE

LDS CHURCH, 451 W. Bobier Drive, Vista CA
April 10, 2010
(2:00 pm – 5:00 pm)

NAME: _____ TROOP # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BSA Membership ID Number: _____ PHONE: _____

EMAIL: _____

COST: \$7 (Includes Den Chief Handbook and snack).

Make checks payable to: BSA, San Diego Imperial Council (Acct: 1-6801-332-20)

Credit Card _____ CCV # (3 Digit Number on back): _____

Credit Card: Visa Mastercard American Express Expiration Date: _____

Official Use Only: Date Received: _____ Amount Received: _____ Receipt Number: _____

I/We hereby give our permission for our son to participate in the activities associated with this training. I/We certify that I am/he is healthy and capable of participating in these activities. I/We assume financial responsibility for any emergency medical treatment (including surgery) that may have to be administered and give permission for such treatment.

Signed: _____ Date: _____

Print Name: _____ Relationship: _____

Telephone: _____

Other contact: _____ Telephone: _____

Insurance Carrier: _____ Policy Number: _____

Family doctor: _____ Telephone: _____

Please note any special dietary needs, restrictions, limitations, or allergies that may limit your son's participation in this training course.

Point of contact : Marcus Sneed , Santa Margarita District Training Chairman, at (760) 941-7530, email address dreamcar1@earthlink.net

Mail reservation form and payment to: San Diego-Imperial Council, Attn: Santa Margarita District Training, 1207 Upas St. San Diego CA 92103.

