

## **PACK 62 YOUTH REGISTRATION FORM**

Registration Fee: \$175 payable to Sudbury Pack 62

GENERAL INFORMATION		
Returning member of Pack 62		
New member of Pack 62 (*** New memb	ers only must also complete Boy Scouts of America Yout	h Application ***)
Cub Scout's Name:		
Date of Birth:	Grade:	School:
Address:		
Home Phone:		
Parent/Guardian 1:		
Name:		
Email:		
Parent/Guardian 2:		
Name:		
Email:		
FRACE CENTER AND AUTHORIZ	ATION	
EMERGENCY MEDICAL AID AUTHORIZA My son has permission to participate in meeting	ATION ss, activities and outings of Sudbury Pack 62. Any Sudbu	ury Pack 62 Adult Leaders are authorized to secure
emergency medical aid in the event it should be	required.	
Parent's Name (printed):	Signature:	Date:
PHOTO RELEASE		
I hereby assign and grant to Sudbury Pack 62 and	d the Boy Scouts of America the right and permission t	o use and publish the photographs, video, and other
electronic representations and/or sound recordi the Boy Scouts of America from any and all liabil	ings made during my child's activities within Sudbury P lity from such use and publication.	ack 62, and I hereby release Sudbury Pack 62 and
I hereby authorize the reproduction, sale, copyri	ight, exhibit, broadcast, electronic storage and/or distr limitation at the discretion of Sudbury Pack 62 and the	
Agreed to and accepted by:		
	Signature:	Date:
or I do NOT release my child's image to be		