

**2017 LOBO ADVENTURES REGISTRATION FORM**

Name of Scout: \_\_\_\_\_ Age: \_\_\_\_\_ Troop: \_\_\_\_\_

Campsite: \_\_\_\_\_ Rank: \_\_\_\_\_

As a member of LOBO you can register for up to three Merit Badges during the morning. The following is a list of merit badges reserved for Scouts 14 and older.

If you are interested in taking an offered merit badge that is not listed below during the morning sessions, write in your selection next to "Other."

Please place an X next to the merit badge you would like to take:

**9:00**

Chemistry \_\_\_\_\_  
Motorboating \_\_\_\_\_  
Other (Write your choice) \_\_\_\_\_

**10:00**

First Aid \_\_\_\_\_ (runs from 10-12, do not select an 11 am class)  
Geocaching \_\_\_\_\_  
Motorboating \_\_\_\_\_  
Shotgun Shooting \_\_\_\_\_ (runs from 10-12, do not select an 11 am class)  
Other (Write your choice) \_\_\_\_\_

**11:00**

Chemistry \_\_\_\_\_  
Other (Write your choice) \_\_\_\_\_

Or **COPE 9:00-12:00**, Monday-Friday \_\_\_\_\_



**Parents, please read and sign the below portion of this registration form.**

I understand that participation in the LOBO Adventures program includes climbing/rappelling, rock climbing, bike touring, tubing on the Farmington River, etc. and that these activities involve a certain degree of risk that could result in injury or death. I understand these risks and also understand that precautions will be taken to ensure the safety and well being of my son/daughter and I have given permission for my child to participate in these LOBO activities during his/her stay at Camp Sequassen.

I understand some of these activities are done off the camp property. Therefore, I authorize the camp leadership to transport my son/daughter off camp to these event sites so long as BSA rules are followed.

In the event of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. I further agree to the release of medical information pertaining to treatment/condition/prognosis/etc. of my son/daughter to the adult leader in charge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date