



BSA Troop 1

Since 1992, Blazing the Trail to Eagle
and Beyond...

SANDIA PRESBYTERIAN CHURCH

10704 Paseo del Norte NE

Albuquerque, NM 87122

Andy "Mr. B" Braman, Scoutmaster

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October 2008

Dear Troop One Parents/Adults:

It's time once again to recharter our troop with Boy Scouts of America. Recharter requires that all current Scouts and Adult Leaders be reregistered with BSA. We also update our database during this recharter process to ensure that we have the most accurate information on your scout, your family, and the adult leaders.

Attached is the paperwork that will make recharter easier and more efficient. **Please review this paperwork, complete the Authorization/Consent form and Data Sheet(s), and return them both with the recharter fee (\$30 for scouts to cover National Registration, Accident Insurance, and Boy's Life Magazine – there is no charge for Adult Leaders) on or before the November 11, 2008 troop meeting.** The Troop Treasurer, Mr. Flint, will be available to accept your recharter payment or you may place your check into the lockbox at the back of the scout hut. Checks should be made out to BSA Troop1 for \$30 and specify the scout's name and "Recharter '09" on the memo line. Mr. Green or Ms. Syd Sanders will accept your Authorization/Consent form along with the completed and signed data sheet(s).

The following is included with this letter:

1. Authorization/Consent Form for Overnight Camping Activities
2. Schedule of Payments to Troop One
3. NEW Scout Data Collection Form – New Scouts/Transitioning Webelos Only
4. NEW Adult Leader Data Collection Form – New Adult Leaders Only
5. Scout Data Sheet(s) – Existing Troop 1 Scouts Only (provided separately)
6. Adult Data Sheet – Existing Troop 1 Adult Leaders Only (provided separately)
7. Adult Training Sheet – Existing Troop 1 Adult Leaders Only (provided separately)

If you are missing any of the above or have a question, **please call Mr. Green at 856-3684.** If you have a financial concern, please contact Dr. Nuttall at 856-1447 or 269-7840 or Mr. B. at 238-0394 or 265-2602.

We're looking forward to a busy and exciting year. We're glad you're part of Troop One!!

AUTHORIZATION AND CONSENT FOR OVERNIGHT CAMPING ACTIVITIES 2008-2009

I, the undersigned custodial parent or legal guardian of _____, a minor child, age _____ years, do hereby consent to such child going on and staying on overnight camping trips with Boys Scouts of America (BSA) Troop One.

This consent and authorization shall remain in full force and effect for a 14 month period beginning **November 1, 2008 and ending on December 31, 2009.**

I authorize the Scoutmaster or designate of BSA Troop One to have temporary custody, charge and control of said child while on camping trips or activities, whether overnight or otherwise.

I certify that said child is in good health and is able to hike, carry a backpack and do other physical activities associated with scouting, taking into account said child's age. If, for any reason, said child's health should change adversely, the undersigned will immediately notify the Scoutmaster.

I authorize and consent to emergency medical treatment, at my expense, in the event of any injury or illness. Any Troop One adult leader is granted permission to obtain necessary medical treatment from any licensed and qualified physician/surgeon/staff of a licensed hospital.

I release Troop One, the leaders, officers, agents, and representatives of BSA and Troop One sponsors from any liability for accidental injury to or damage caused by my son/ward. I accept responsibility for instructing my son/ward to follow all Troop rules and leaders' instructions and warnings.

My son/ward is taking the following medication(s): _____

Special instructions for this medication: _____

Do you want an adult leader to carry the medication? _____

Date of late tetanus shot: _____

Allergies to any medication(s): _____

Allergies to bee stings, poison ivy/oak/sumac: _____

Medical insurance company: _____

Policy# or group#: _____

Parent/guardian signature

Child Name (please print)

Address: _____ Zip _____

Home Telephone# _____ Work Telephone# _____

Dad's Cell Phone # _____ Mom's Cell Phone # _____

Emergency Contact: _____ Relationship _____

Emergency Contact Telephone# 1) _____ 2) _____

NOTE: PLEASE REFERENCE DATA SHEET AND HEALTH FORMS TO MAKE SURE INFO IS CONSISTENT

SCHEDULE OF PAYMENTS TO TROOP 1 DURING 2009

TROOP QUARTERLY DUES

*(These dues may be paid on a quarterly or **yearly basis**.
Cost for the entire year excluding recharter is \$80.)*

DUE BY January 6, 2009 - \$20.00 (*\$80.00 if paying for whole year*)

DUE BY MARCH 31, 2009 - \$20.00 for 2nd Quarter Dues

DUE BY JUNE 30, 2009 - \$20.00 for 3rd Quarter Dues

DUE BY SEPTEMBER 29, 2009 - \$20.00 for 4th Quarter Dues

2009 SUMMER CAMP @ Emerald Bay, Catalina Island, CA

Summer Camp Dates TBD (Target 06/27/09 – 07/05/09)

Contact Mr Ludwig or Mr. Hanson for details

*(The **approximate cost** for 2009 Summer Camp is \$900. Please note this is a **preliminary cost only**, but does cover transportation and camping fees. More exact cost for camp to come soon.)*

Schedule of payments for Emerald Bay Camp is TBD.

2009 SUMMER CAMP @ Gorham Scout Ranch, near Santa Fe

Summer Camp Dates TBD (Target 06/07/09 – 06/13/09)

Contact Mr Ludwig for details

*(The **approximate cost** for 2009 Summer Camp is \$400. Please note this is a **preliminary cost only**, but does cover transportation and camping fees. More exact cost for camp to come soon.)*

Schedule of payments for Gorham Scout Ranch Camp is TBD.

MONTHLY CAMPOUTS

The Scout & Adult Campmaster will determine the fee for each Campout. The fee will be announced prior to each Campout and are due 2 weeks in advance of the event.

FUNDRAISERS

Fundraisers are and will be conducted to support Scouts going to Summer Camp, Troop Equipment Needs, High Adventure Camps, etc.

NEW Scout Data Collection Form

***Existing Scouts should modify and complete the pre-printed Data Sheet vice this sheet

Please fill out entire form completing all sections. Thanks!

Last Name: _____	Parent 1 Relation: _____	Guardian (Y/N) _____
First Name: _____ Middle Init: _____	P1 Last Name: _____	
Nickname: _____	P1 First Name: _____	P1 Middle Init: _____
Address 1: _____	P1 Nickname: _____	
Address 2: _____	P1 Home: _____	P1 Work: _____
City: _____ ST: _____ Zip: _____	P1 Cell: _____	P1 Other: _____
Mail Addr1: _____	P1 Email: _____	
Mail Addr2: _____	P1 Email2: _____	
Mail City: _____	P1 Dri License: _____	Dri License ST: _____
Phone(H): _____ Work #: _____	P1 Employer: _____	
Phone(C): _____ Other #: _____	P1 Occupation: _____	
Email 1: _____	Veh 1 Year: _____	Veh 1 Make: _____
Email 2: _____	Veh 1 Model: _____	Veh 1 # Belts: _____
BSA ID: _____ DOB: _____	Lic Plate: _____	Trailer Hitch (Y/N): _____
License: _____ Lic ST: _____	Ins_Per_Person (K): _____	Ins_Per_Accident (K): _____
Grade: _____ School: _____	Pers_Prop_Ins (K): _____	
Church: _____ Joined Trp: _____	Parent 2 Relation: _____	Guardian (Y/N) _____
Cub Scout From: _____ To: _____	P2 Last Name: _____	
Highest Cub Award: _____	P2 First Name: _____	P2 Middle Init: _____
Current Rank: _____ As of: _____	P2 Nickname: _____	
Emerg Contact: _____	P2 Home: _____	P2 Work: _____
Emerg Contact Phone: _____	P2 Cell: _____	P2 Other: _____
Emerg Contact 2: _____	P2 Email: _____	
Emerg Contact 2 Phone: _____	P2 Email2: _____	
Doctor: _____	P2 Dr License: _____	Dri License ST: _____
Doctor Phone: _____	P2 Employer: _____	
Ins Company: _____ Ins Ph #: _____	P2 Occupation: _____	
Ins Policy #: _____ Group #: _____	Veh 2 Year: _____	Veh 1 Make: _____
Medications: _____	Veh 2 Model: _____	Veh 2 # Belts: _____
Allergies: _____	Lic Plate: _____	Trailer Hitch (Y/N): _____
Class1 Phys Date: _____ Class2: _____	Ins Per Person (K): _____	Ins_Per_Accident (K): _____
Class3: _____ Tetanus: _____	Pers_Prop_ins (K): _____	
PARENT INTEREST SURVEY & HOBBIES:	Interested in becoming an Assistant Scout Master (Y/N) _____	
Pleas t list below any hobbies and/or job skills.	Interested in becoming a Committee Member (Y/N) _____	
_____	Interested in helping with Troop Fundraisers (Y/N) _____	

The information above is complete, correct to the best of my knowledge:

Name

Date

NEW Adult Data Collection Form

***Existing Adults should modify and complete the pre-printed Data Sheet vice this sheet

Please fill out entire form completing all sections. Thanks!

Last Name: _____ Spouse: _____
First Name: _____ Middle Init: _____ Veh 1 Year: _____ Veh 1 Make: _____
Nickname: _____ Veh 1 Model: _____ Veh 1 # Belts: _____
Address 1: _____ Lic Plate: _____ Trailer Hitch (Y/N): _____
Address 2: _____ Ins_Per_Person (K): _____ Ins_Per_Accident (K): _____
City: _____ ST: _____ Zip: _____ Pers_Prop_Ins (K): _____
Mail Addr1: _____ Veh 2 Year: _____ Veh 2 Make: _____
Mail Addr2: _____ Veh 2 Model: _____ Veh 2 # Belts: _____
Mail City: _____ Lic Plate: _____ Trailer Hitch (Y/N): _____
Phone(H): _____ Work #: _____ Ins_Per_Person (K): _____ Ins_Per_Accident (K): _____
Phone(C): _____ Other #: _____ Pers_Prop_Ins (K): _____
Email 1: _____ Leader 1 Position: _____
Email 2: _____ Leader 1 Date: _____
BSA ID: _____ DOB: _____ Leader 2 Position: _____
License: _____ Lic ST: _____ Leader 2 Date: _____
Employer: _____ Leader 3 Position: _____
Occupation: _____ Leader 3 Date: _____
Church: _____ Joined Trp: _____ Leader 4 Position: _____
Unit Leader (Y/N) _____ As of Ldr: _____ Leader 4 Date: _____
Eagle Rank: _____ As of Ldr: _____
Emerg Contact: _____
Emerg Contact Phone: _____
Emerg Contact 2: _____
Emerg Contact 2 Phone: _____
Doctor: _____
Doctor Phone: _____
Ins Company: _____ Ins Ph #: _____
Ins Policy #: _____ Group #: _____
Medications: _____
Allergies: _____
Class1 Phys Date: _____ Class2: _____
Class3: _____ Tetanus: _____

INTEREST SURVEY & HOBBIES:

Pleas list below any hobbies and/or job skills.

Interested in becoming an Assistant Scout Master (Y/N) _____

Interested in becoming a Committee Member (Y/N) _____

Interested in helping with Troop Fundraisers (Y/N) _____

The information above is complete, correct to the best of my knowledge:

Name

Date