



## Camp Chief Little Turtle ATV Registration

Please complete and submit registration form & payment to the Council office,  
Or email to [Cody.Zimmerman@scouting.org](mailto:Cody.Zimmerman@scouting.org), fax to 260-436-1824

**Including fee and Participation & Hold Harmless Agreement**

For more information on the ATV program, please contact  
Chuck Walker at 260-432-9593 or [chuck.walker@scouting.org](mailto:chuck.walker@scouting.org)

Name \_\_\_\_\_ Age \_\_\_\_\_ (Must be 14 years old before June 11, 2018)

Rank \_\_\_\_\_ Unit # \_\_\_\_\_ Date of Birth \_\_\_\_\_

District: *Circle One:* Lincolnway Miami Pokagon Three Rivers Thunderbird Wabash Valley

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Signatures Required: Parent \_\_\_\_\_

**Cost:** \$40 per participant – must be submitted with registration and the Participation & Hold Harmless Agreement. All forms can be found at [www.ccltbsa.org](http://www.ccltbsa.org) under Pre-Camp Info.

**What week are you coming to camp**

**with your troop this summer?** *Circle One:*

**LDS Encamp** – June 11-16 **Week 3** – July 1-7

**Week 1** – June 17 – June 23 **Week 4** – July 8-14

**Week 2** – June 24 – June 30

**ATV Class Sessions:** *Circle One - First come, First Served*

**Session 1:** 9 am- 11 am

**Session 4:** 3pm- 4 pm

**Age Requirements:** Must be 14 years old before June 11, 2018. (Classes are limited to a maximum of 4, 14-15 years olds out of 7 total participants).

Talent Release: I hereby assign and grant the Anthony Wayne Area Council, Boy Scouts of America, the right and permission to use and publish the photographs/video and any other electronic representations to include sound recordings made of me during my participation in an Anthony Wayne Area Council event. I hereby release the Anthony Wayne Area Council, Boy Scouts of America, from any and all liability for such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Anthony Wayne Area Council, Boy Scouts of America, and I specifically waive any right to compensation I may have for any of the foregoing.

Print name \_\_\_\_\_ Signature of parent \_\_\_\_\_

**Paid by:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Unit Acct # \_\_\_\_\_ Credit Card \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **3 digit code** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Bank Name** \_\_\_\_\_ **Account Holder** \_\_\_\_\_

**eCheck Bank Routing #** \_\_\_\_\_ **Account Number** \_\_\_\_\_

# All-Terrain Vehicle (ATV) Program

## Participation and Hold-Harmless Agreement

Camp \_\_\_\_\_

Camp \_\_\_\_\_ from the \_\_\_\_\_ Council will be conducting an ATV program at camp. Scouts will be instructed how to ride on and drive an ATV. Scouts will be taught ATV safety and will drive on a training course, then on approved trails only. Scouts will be on the unit individually and in control of the power and brakes. Scouts will be required to wear a helmet, goggles, gloves, over-the-ankle boots, long-sleeve shirts, and long pants. Scouts are expected to abide by all safety rules and the instructions of the camp instructor(s).

I, the undersigned, give my child, \_\_\_\_\_, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

**For safety, my child and I agree that he/she will do the following or he/she will be removed from the program.** Because space is limited, any additional cost associated with participation in this program will not be refunded.

1. Complete the ATV safety class taught at Camp \_\_\_\_\_.
2. Wear all required safety gear at all times on or around the equipment.
3. Follow all safety rules provided in the training class.
4. Follow the instructions of the camp staff instructor(s).
5. Maintain control of the ATV at all times and remain within the speed determined to be safe by the camp instructor(s).
6. Be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.
7. Respond to the camp satisfaction survey from the Boy Scouts of America as it evaluates the ATV program.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address (for survey purposes only): \_\_\_\_\_



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