



BOY SCOUTS OF AMERICA®  
MONTANA COUNCIL

## Summit Provisional Troop Application

Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Street City State Zip

Mobile Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Area Code and Number Area Code and Number

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Phone #

### Merit Badge / Class Choices

Please list your top 8 choices for the Merit Badge or Classes you wish to take. A full list of class offerings is available in the Camp Program Guide which is downloadable from the Bechtel Summit Web site at:

<http://www.summitbsa.org/programs/scout-camp/senior-scout-camp/>

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Participat:**

I hereby make application for the Summit Provisional Troop program and in agree to abide by the Scout Oath, Promise, and Law. I agree to be loyal to and cooperate fully with all the BSA policies, program, and camp leadership. I further agree to submit a completed BSA Annual Health and Medical Record – Parts A, B, and C upon my arrival.

\_\_\_\_\_  
Applicant Signature (signature required to process application)

\_\_\_\_\_  
Date

**Scout Master:**

I acknowledge and authorize this Scouts participation the provisional troop program. I have discussed the merit badge choices with this Scout authorize his participation the classes requested.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent / Guardian:**

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send completed applications to:

Boy Scouts of America  
Montana Council  
820 17<sup>th</sup> Ave South  
Great Falls, MT 59405



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