

## Busy Bee Society Participant Registration Form

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**Participant Information:**

First Name:	Last Name:
Date of Birth:	
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Evening Phone	
Day Phone:	Cell Phone:
Email:	
Mailing Address:	

**Parent Guardian Information:**

Name:	Name:
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:

**Medical Information:**

Does the participant have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:
Does participant require special care, medication or diet?
If yes, please provide details:

**Alternate Emergency Contact Information:**

<b>Emergency Contact #1 Name:</b>	
Home phone:	Cell phone:
Relationship to participant:	
Permission to pick up participant from meetings <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emergency Contact #2 Name:</b>	
Home phone:	Cell phone:
Relationship to participant:	
Permission to pick up participant from meetings <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emergency Contact #3 Name:</b>	
Home phone:	Cell phone:
Relationship to participant:	
Permission to pick up participant from meetings <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**Photo Release and Communications Consent:**

Throughout the year, Beekeepers and parents may take photos and video of members participating in Busy Bee Society activities and projects. These photos are typically kept in photo albums and displayed on Facebook and web sites. Some are also submitted to local newspapers and used in Busy Bee Society publications and promotional materials.

Tick this box if you DO NOT consent to the use of images of yourself and/or your son/daughter/ward as indicated above.

Tick this box if you wish to receive relevant and timely information from Busy Bee Society from Scouts Canada via email or mail.

**CONSENT TO PARTICIPATE:**

To be completed if the Member is under 18 years of age. I understand that participation in Busy Bee Society is voluntary, and I grant permission for my son/daughter/ward, to become a member of Busy Bee Society and participate fully in its activities.

Signature X \_\_\_\_\_

Date: \_\_\_\_\_