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1.	Scout	s's Information								
	English Name			Chinese Name 中文名		Date of Birth		Gender	Grade (This fall)	
								☐ M ☐ F		
2.	Fees									
	☐ Annual fee \$350 ☐ New scout fee \$90 新生費			☐ Make check payable t☐ PayPal to info@p485.☐ Zelle to info@p485.0	85					
3.	Parer	nts' Information				,				
	English Name			Chinese 中文名	Phone					
	Dad	☐ Christian ☐ HOC5 member								
	父				Email					
		English Name		Chinese 中文名	Phone					
	Mom □				Email					
		Christian HOC5	member		LIIIaii					
4.	1. Other family members English Nam			Ge			er Relationship			
	who n	night be attending 185 activities:			□ M □ F					
	其他您家中將參加Pack 485 各項活動的大人及孩子:				☐ M					
5.	Liabil Initia	All participants have my	approval to participat	s your legal rights) e in all Pack 485 activities, inclu am may be used or published in					camping. I	
		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. 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.								
	I understand that at least one of parents or guardians must accompany my child as chaperon in all Pack 485 activities, including regular den meeting at Home of Christ Church, picnic, hiking, campings, sleepovers, or sport events such as archery classes. I also understand that the accompanying parent(s) or guardian(s) takes the full responsibility of participant's safety and mental and physical health.								•	
		With appreciation of the dangers and risks associated with programs and activities including child, I hereby fully and completely release and waive ar and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, Silicon Valley Monterey Bay Council, Pack 485, Home of C Church, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.								
		them by parents or medical	<b>NOTE</b> : The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel you child to comply with those restrictions.							
	X									
	Parent/g	uardian printed name	Parent	/guardian Signature			Da	ate		

