



Contact Form & Photo Release

Scout Name(s): _____ Den(s): _____

Home Address: _____

City: _____ State: GA Zip: _____

Siblings and Ages: _____

Parent/Guardian Name: _____

Phone: (h) _____ (w) _____ (m) _____

Email: _____ Email2: _____

Please list all email addresses where you want to receive pack communications

Parent/Guardian Name: _____

Phone: (h) _____ (w) _____ (m) _____

Email: _____ Email2: _____

Please list all email addresses where you want to receive pack communications

Emergency Information

Emergency Contact: _____ Relationship: _____

Phone: (_____) _____ Phone 2: (_____) _____

Allergies or important medical information: (child or adults) _____

I am parent or legal guardian of the Scout(s) and siblings listed above, and hereby assign and grant permission to Cub Scout Pack 465 of the Atlanta Area Council, along with its leaders, members, representatives, and chartered organization (together "Pack 465") to take, use, and publish images, videos, and other recordings made in the course of Scouting activities, and I hereby release Pack 465 from any and all liability from such use and publication. Use and publication can include, but is not limited to printed publications, electronic publications or presentations, and websites. All images, videos, and other recordings will remain the property of Pack 465 and will be used in accordance with the policies of the Boy Scouts of America. Pack 465 respects the privacy of our Scouts. No identifying information for a Scout or sibling will be used in connection with any image, video, or recording.

Signed: _____ Date: _____