Troop 54 Behavior Contract Form

Scout Name:		Date of Birth:		
Telephone numbers where a parent can be reached during scouting events:				
Home:	Work:		Cell:	
Other emergency contact	Name:		Phone:	
o , ,	all the adults assoc	iated with Troop 5	el with Troop 54 activities. 4 to obtain necessary medical care able or if medical care is needed	

As being a part of Troop 54, I understand that it is my responsibility to follow the rules as determined by Troop 54 leadership to help ensure my safety, promote scout-like behavior and ensure the safety and well-being of the scouts and adults in Troop 54.

I understand it is my responsibility to notify Troop 54 of any changes in my child's medical condition

It will be understood that according to Policy Manual illegal substances, paraphernalia and illegal contraband is prohibited.

It will be understood that if there is reasonable suspicion Adult Leaders have the responsibility to search the tent and/or personal items to ensure the safety of others.

If illegal substances, paraphernalia and/or contraband is found, authorities will be called and parents will be contacted to retrieve their child at the Law Enforcement station.

Non-Scouting contraband will be confiscated and given to parents.

or insurance coverage.

By signing this agreement I agree to obey Troop 54 leadership. If I do not obey, there will be consequences for my actions or inactions. The consequences will be determined by Troop 54's leadership. Consequences could include but are not limited to the following:

- I would be required to call my parents and inform them of the issue.. My parents would need to pick me up immediately and take me home.
- I will not be allowed to attend the next 2 Troop meetings.
- I would not be allowed to attend any Troop 54 events for the next 6 months without my parents present for the entire event.

I have reviewed the information above with my child and agree with this policy.

Scout signature:	Date:	
Parent signature:	Date:	