

**Troop 178 Waukee, Iowa  
Merit Badge University  
University of Iowa @ Iowa City, IA**

Boy Scout Troop 178 will be attending Merit Badge University on Saturday March 6, 2010. We will leave at 6:30 am Saturday from the Waukee City Hall parking lot and will return to the same location at 5:30 pm that evening. The cost for Merit Badge University is \$30.00 per boy. This pays for the class, lunch and transportation. Each scout needs to list their top three merit badge choices with this registration.

***Please return the complete lower portion of this form to Steve Wittmuss, along with \$30.00 cash or check payable to Troop 178 by Sunday, February 14, 2010 so an accurate count is known for registration and transportation. You may keep this top portion.***

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This is to certify that \_\_\_\_\_ has my permission to accompany Boy Scout Troop 178 to Merit Badge University on March 6, 2010 at the University of Iowa in Iowa City, Iowa. I hereby release Gary Bland, Scoutmaster, and all other registered troop leaders and drivers from any liability and any and all claims for injuries or accidents which might be received during this trip either at the destination or in traveling to and from this destination. The adult leader or his designated assistant(s) have my permission to administer over-the-counter medicine(s) as deemed necessary and/or seek medical help if necessary for my child in the event of an emergency.

**Merit Badge options: Art, Aviation, Chemistry, Citizenship in the Nation, Citizenship in the World, Computer, Disability Awareness, Emergency Preparedness, Energy, Engineering, Environmental Science, First Aid, Law, Medicine, Public Health, Public Speaking, Radio, Salesmanship, Space Exploration**

\_\_\_\_\_  
First Choice                      Second Choice                      Third Choice

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

While my child is attending this outing I may be reached at:

Day time telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please list any special medical information or allergies to medication.  
All medication must be accompanied by written directions for dispensing.

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I will be available to provide transportation and chaperone  
( ) Yes ( ) No

Office use only:

Date                      Paid Amount                      Check #                      Cash                      Rcd.By