ADULT CAMPER BACKGROUND CLEARANCE COMPLIANCE
Required by the PA Child Protective Service Law

PA RESIDENTS

Unit Type (check one): ◯ Pack ◉ Troop ◯ Crew Unit #:

Council: District:

Primary Unit Contact Name:

Phone #: Email:

Roster of Adults Attending Summer Camp with Unit:

Name	YPT Date	Name	YPT Date

I certify that the Adults listed above will be attending summer camp at Ockanickon Scout Reservation. All Adults have completed and turned into our home council the background clearances required by the PA Child Protective Services Law (PA Act 15) and registered on our unit's charter and have current YPT.

_____ _____
Primary Unit Contact Signature Date

I certify that the Adults listed above have completed the background clearances required by the PA Child Protective Services Law (PA Act 15), are currently registered and have current YPT.

_____ _____
Signature of Council Registrar Date

_____ _____
Printed Name of Council Registrar Date