



2025 Leatherstocking Council First Aid Meet

Team Roster

PLEASE PRINT NEATLY

FLOOR NUMBER: _____
(to be filled out by registration worker)

TROOP # _____ (Boy / Girl) COMMUNITY _____
(circle one)

ADULT LEADER _____ PHONE # _____

ADDRESS _____ ZIP _____

Leader's Email: _____

AGE GROUP (CHECK ONE)

TEAM DESIGNATION

(CIRCLE ONE - to be filled out by registration worker)

☐ JUNIOR TEAM AGES 13 and under

A B C

☐ SENIOR TEAM AGES 14 +

A B C

(** If any team member is 14 or over, the team will be considered a senior team **)

LIST OF PARTICIPANTS

1. _____ (TEAM CAPTAIN) AGE _____

2. _____ (SCOUT) AGE _____

3. _____ (SCOUT) AGE _____

4. _____ (SCOUT) AGE _____

5. _____ (VICTIM) AGE _____

THIS TEAM BROUGHT THE FOLLOWING ADULT TO HELP JUDGE

(**If you do not have a judge, your team will not be admitted to the floor. **)

NAME: _____

***** Please fill this form out and bring it with you to the First Aid Meet. *****