

New Scout Registration Form for 2009-2010 – Cub Scout Pack 17, Wilton, CT

Annual dues for the year are **\$75.00** for each Cub Scout in our Pack and include a subscription to Boys' Life Magazine. **Please make check payable to "PACK 17" and mail to Viv Stewart, 175 Wolfpit Road, Wilton, CT 06897.**

Scout's Last Name	Scout's First Name and Middle Initial	Grade (Fall '09)	Date of Birth (mm/dd/yyyy)
Address		Home Telephone #	Den # (leave blank)
Father's Name		Mother's Name	
Father's Work #		Mother's Work #	
Father's Cell Phone #		Mother's Cell Phone #	
Father's Driver's License # (Include State)	Mother's Driver's License # (Include State)	Family E-mail Address	

Motor Vehicle Tag Numbers and State Registered
(please list all motor vehicles in household for travel permit purposes)

Class 1 Personal Health History (To Be Updated Annually)

Check all items that apply, past or present, to your son's health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants: Yes No Explain below:

General Information: (Does your child have any of the following conditions?)

	Yes	No		Yes	No		Yes	No
Asthma			Convulsions/seizures			Hemophilia		
Cancer/Leukemia			Diabetes			Kidney Disease		
Heart Trouble			High Blood Pressure			Other (explain)		

List any medications to be taken:

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Immunizations (give date of last inoculation):

Tetanus toxoid _____ Mumps _____ Diphtheria _____ Rubella _____
 Pertussis _____ Polio _____ Measles _____

Name of personal physician: _____ Telephone: _____

Personal health/accident insurance carrier: _____ Policy no. _____

Parental Authorization

This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature: _____ Date: _____
 (Parent or legal guardian)

YOUTH MEMBERSHIP

Unit type: (Fill in the circle.)

- Cub Scout Pack
 Boy Scout Troop
 Varsity Scout Team
 Venturing Crew
 Sea Scout Ship
 Lone Cub Scout
 Lone Boy Scout
 Arrow of Light earned
- For pack registration select one:
 Tiger Cub
 Cub Scout
 Webelos Scout
- Mark here if new to Scouting.
 Former Scout
 Former Venturer
 Former Sea Scout

Unit number:

If applicant has an unexpired membership certificate, registration may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application
 Transfer from council number:
 Unit type:
 Pack
 Troop
 Team
 Crew
 Ship
 Unit number:

Enter membership number from unexpired certificate:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)
 Middle name
 Last name
 Suffix

Country Mailing address
 City
 State
 Zip code

Home phone - -
 Date of birth (mm/dd/yyyy) / /
 Grade
 Ethnic background:
 African American
 American Indian
 Alaska Native
 Asian
 Caucasian/White
 Hispanic/Latino
 Pacific Islander
 Other

School
 Gender:
 Male
 Female
 Boys' Life subscription

Parent/guardian or Tiger Cub adult partner information
 Mark here if address is same as above.
 Mark here if you are the Tiger Cub adult partner

Mark here if the adult partner is not living at the same address; complete and attach an adult application.

Select relationship:
 Parent
 Guardian
 Grandparent
 Other (specify)

First name (No initials or nicknames)
 Middle name
 Last name
 Suffix

Country Mailing address
 City
 State
 Zip code

Home phone - -
 Date of birth (mm/dd/yyyy) / /
 Occupation
 Employer
 Gender:
 M
 F

Business phone - -
 Ext. X
 Previous Scouting experience
 Cell phone - -

Parent/guardian e-mail address

Signature of unit leader (or designee)
 Date / /

Registration fee \$.
 Boys' Life fee \$.

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of Venturer

UNIT COPY

Retain on file for three years. 28-406B