Information about Mendham's Cub Scout Pack 133

Thank you for your interest in joining Pack 133. Below you will find key information that will provide you with an idea regarding what you and your son can expect in terms of the Pack's organization and activities if he were to join our Pack.

Mission Statement

Our parent-volunteer led pack committee is dedicated to achieve the mission of Pack 133: *To prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath* and Law***

Eligibility and Pack Organization

Cub Scouts are for boys in K – 5th grade; Pack 133 is comprised of the following ranks, organized by grade:

- Lion Scouts (Kindergarten)
- Tiger Scouts (1st Grade)
- Wolf Scouts (2nd Grade)
- Bear Scouts (3rd Grade)
- Webelos Scouts (4th Grade)
- Arrow of Light Scouts (5th Grade)

Program Duration and Cost

The scouting year runs from September through August; activities are offered year-round. The annual registration fee is $100; a medical form is required as well.

Den Meetings

Dens are formed within each of the ranks. The boys will stay together with their den until they finish the Cub Scout program. At the Lion and Tiger levels, Dens meet once a month or more with adult partners (1 adult per child). Once the Scouts reach Wolf, adult partners are not required to attend Den meetings; the Dens of the higher ranks may meet more frequently.

Pack Meetings

Pack meetings, held monthly on Friday evening from 7:30 – 8:30pm at Hilltop House (next to Hilltop School), are where the boys are recognized with awards for the hard work they have done throughout the prior month (note: Lions will attend only 2-3 Pack meetings.) Parental encouragement and support is vital in a boy's continued interest in Scouting. Additionally, a special presentation is typically made during the meeting as well as Scout-led skits, songs and cheers.

In order to provide a safe and effective pack meeting it is imperative that adequate supervision of scouts is provided. Lion (when invited) and Tiger Scouts are required to attend pack events with their own parent/guardian. For older scouts, parents/guardians are highly encouraged to attend with their sons. Scouts sit as a den on personalized tarps with their leaders.

Year Round Activities

Pack 133 is an active pack; we offer a variety of activities year-round including, but not limited to:

- Fall: Tent camping, hiking, attending a West Point football game, service projects, popcorn sales
- Winter: Pinewood Derby, Cabin camping, hiking, Blue and Gold celebration (Cub Scouting's anniversary)
- Spring: Tent camping, hiking, fishing, overnight trip (past trips include Intrepid, Project Oceanology), Advancement Ceremony
- Summer: Model rocket launch, hiking, picnic, service project

Volunteer Leadership and Parental / Guardian Involvement

Scouting only works with parent volunteers, starting with our Pack Committee, Cubmaster and Den Leaders. All of our leaders are "Youth Protection Trained" and many, if not all, are trained for their specific position. Additionally, many of our leaders are former Cub and/or Boy Scouts; several earned Arrow of Light and/or Eagle Scout: Key leaders include:

- Committee Chairman: Tom Shaw
- Cubmaster: Lawrence Morris
- Den Leaders: David Reilly, Eric Arena, Adam Maurer, Chris Smith, Laurel Reilly and Chris Harner

Our leadership team is committed to helping your son learn the values of Scouting and to help them advance while having fun. Keep in mind however, that any and all help from the other parents is encouraged. From past experience we have found that the dens that are the most active and successful are those that have help from everyone. Most leaders will ask each family to help run at least one meeting a year. This not only takes some of the work off of the leader, but also lets you spend quality time with your child. Commitment to family is a very important part of the Scouting Program and we encourage it at ALL levels.

If you think you might be interested in becoming a den leader, an assistant or a committee member and would like more information, please contact Tom Shaw at tshaw@mendhampack133.org

Communication Management:

Pack 133 utilizes multiple communication platforms to share information with its members and the public at large:

Scoutbook: Pack 133 uses this official BSA app to track advancements, communicate up-coming events and meetings as well as manage other administrative tasks. The app can be run on your desktop/laptop as well as your mobile phone. https://www.scoutbook.com/

Website: All information about Pack 133, how we are run and the scouting program in general is available at www.mendhampack133.org

Facebook: The Pack has two Facebook pages: one is our 'public' page that we use to publicize our activities to the Mendham community; the other is our 'closed group' which allows us to share photos of the Scouts participating in their activities with parents, guardians and other verified family members.

- 'Public' Facebook page: https://www.facebook.com/mendhampack133
- "Closed Group' Facebook page: https://www.facebook.com/groups/mendhampack133forscouts

Additional Information:

- Uniforms and related items can be purchased at the Patriot's Path Scout Shop (1 Saddle Road in Cedar Knolls) or at www.Scoutshop.com
- Siblings at Pack 133 events - Cub Scouts is a family friendly organization. Siblings of both genders are encouraged to participate in all pack activities along with their brother(s), as long as they are not disruptive and are supervised by their own parent/guardian.
- Pack 133 is chartered by The First Presbyterian Church of Mendham, colloquially known as 'Hilltop Church.'
- Pack 133 is in the Black River District of the Patriot's Path Council. www.ppcbsa.org

*** Scout Oath:** *On my honor, I will do my best, To do my duty to God and my Country and to obey the Scout Law; To help other people at all times; To keep myself physically strong, mentally awake, and morally straight*

**** Scout Law:** *A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean and reverent*

Cub Scout Pack 133

Mendham, NJ

NEW MEMBER REGISTRATION

Name: _____ Grade: _____ School: _____

Email: _____ (parent/guardian email)*

** Your email address will be used to create an account on Scoutbook, an app that Pack 133 uses for event communication and advancement tracking.*

Parent(s)/Guardian(s): _____

I would be interested in volunteering: Yes I'd like to learn more Not at this time

Each new scout is given a complimentary one-year subscription to Boys' Life magazine and a Class B T-shirt to be worn to den and pack activities. *Please circle your child's T-shirt size*.

Youth Size: Sm Med Lg Adult Size: Sm Med Lg

FORMS: (*attached- please complete*)

- Boy Scouts of America Youth Application
- Personal Health and Medical Record (*sections A and B*)

PAYMENT: (*made payable to "Pack 133"*)

- Membership Fee: $100
- Additional Class B T-shirt(s): $10 each (*for parents or siblings*)
  Please indicate # of additional shirts in each size:

Youth Size: Sm Med Lg Adult Size: Sm Med Lg XLG XXLG

Please return this page along with all forms and your payment to:

James Ng
40 Calais Road
Mendham, NJ 07945
Mobile: 973.462.5606

BOY SCOUTS OF AMERICA
YOUTH APPLICATION

Cub Scouting

Tiger Cub
Cub Scout
Webelos Scout

Cub Scout Promise

I, (name), promise to do my best
To do my duty to God and my country,
To help other people and
To obey the Law of the Pack.

Boy Scouting

Scout Oath or Promise

On my honor I will do my best
to do my duty to God and my country
and to obey the Scout Law;
to help other people at all times;
to keep myself physically strong,
mentally awake, and morally straight.

Varsity Scouting

VENTURING® · BSA

Venturer/Sea Scout

Venturing Oath

As a Venturer, I promise to do my duty to God and help strengthen America, to help others, and to seek truth, fairness, and adventure in our world.

Boy Scouts of America
Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.

(Venturing and Sea Scout members: It is important that you share this with your parents.)

Welcome to the Boy Scouts of America!

Your child is joining more than 4 million members of the Boy Scouts of America. Please take the time to review this material and reflect upon its importance.

The BSA and the Chartered Organization

The Boy Scouts of America makes Scouting available to our nation's youth by chartering community organizations to operate Cub Scout packs, Boy Scout troops, Varsity Scout teams, Venturing crews, and Sea Scout ships.

The chartered organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of the BSA. The BSA local council provides unit leader training, program ideas, camping facilities, literature, professional guidance for volunteer leaders, and liability insurance protection.

Scouting's Volunteers and You

Scouting's adult volunteers provide leadership at the unit, district, council, and national levels. Many are parents of Scouts; many entered Scouting as youth members. Each chartered organization establishes a unit committee, which operates its Scouting unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The respective unit committee selects the Cubmaster, Scoutmaster, Varsity Scout Coach, Venturing Advisor, or Sea Scout Skipper, subject to approval of the head of the chartered organization or the chartered organization representative and of the BSA. The unit leader must be a good role model because our children's values and lives will be influenced by that leader. You need to know your child's unit leader and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Scouting uses a fun program to promote character development, citizenship training, and personal fitness for every member. You can help by encouraging perfect attendance, assisting with your child's advancement, attending meetings for parents, assisting with transportation, and assisting when called upon by the unit leader.

Program Policies

Chartered organizations agree to use the Scouting program in accordance with their own policies as well as those of the BSA. The program is flexible, but major departures from BSA methods and policies are not permitted. As a parent, you should be aware that

- Leadership is restricted to qualified adults who subscribe to the precepts of the Declaration of Religious Principle, the Scout Oath, the Scout Law, and the BSA Standards of Leadership.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drill for ceremonies are permitted.
- The Boy Scouts of America recognizes the importance of religious faith and duty; it leaves sectarian religious instruction to the member's religious leaders and family.
- Members who do not belong to a unit's religious chartered organization shall not be required to participate in its religious activities.
- Two registered adult leaders or one registered adult leader and a parent of a participant, one of whom must be 21 years of age or older, are required on all trips and outings. If trips and outings are coeducational, leaders of both genders must be present.
- Corporal punishment and hazing are not permitted. Parents and unit leaders must work together to solve discipline problems.
- One-on-one activities between youth members and adults are not permitted; personal conferences must be conducted in plain view of others.
- If you suspect that anyone in the unit is a victim of child abuse, immediately contact the Scout executive, who is responsible for reporting this to the appropriate authorities.
- All Scouting activities are open to parental visitation. There are no "secret" organizations within the Boy Scouts of America.

Excerpt from the Declaration of Religious Principle

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to these precepts of the Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of membership.

Policy of Nondiscrimination

Youth membership in the Boy Scouts of America is open to all boys and young adults who meet the joining requirements. Membership in Scouting, advancement, and achievement of leadership in Scouting units are open to all youth without regard to race or ethnic background and are based entirely upon individual merit.

Ethnic background information. The BSA receives inquiries from various agencies regarding racial composition. Please fill in the appropriate circle on the application to indicate ethnic background.

Thank You

The Boy Scouts of America appreciates you taking time to become familiar with Scouting. We feel that an informed parent is a strong ally in delivering the Scouting program. Help us keep the unit program in accord with Scouting principles. Alert the unit committee, chartered organization representative, and head of the chartered organization to any major deviations. Please do your fair share to support a quality unit program.

Tips for completing the Application for Youth Membership:

- ➢Print—do not use cursive.
- ➢Use black or dark blue ink.
- ➢Press firmly when printing.
- ➢Print one letter only in each box.
- ➢Use upper-case letters and stay within the blue boxes for legibility.
- ➢Fill in circles; do not use check marks.
- ➢Make sure you have all needed signatures on application.
- ➢Don't alter the application—it could affect the quality of the scan.

Mailing address example:

7	0	3		F	I	R	S	T		S	T	

BOYS' LIFE MAGAZINE

A message to parents. The youth registration fee is $10 for one year.

Boys' Life is the monthly magazine of the Boy Scouts of America. It will help in your Scouting program and stimulate your interest in good reading. The subscription is only $12 a year (half the new regular rate of $24 a year). Just fill in the *Boys' Life* circle on the application. Please calculate and remit the appropriate state and local taxes. On late registrations it may be necessary to deliver back issues. *Boys' Life* will not begin for at least two months after you register.

Joining Requirements
Parent/Guardian Information

Cub Scout Pack

Pack membership is open to boys.

1. Complete the information on the application page and sign your name, indicating approval.
2. Give the completed application and fees to the Cubmaster.

Tiger Cub—Must be under the age of 8, have completed kindergarten or be in the first grade, or be age 7.
Cub Scout—Must have completed first grade but not completed third grade, or be age 8 or 9.
Webelos Scout—Must have completed third grade but not completed fifth grade, or be age 10 but not yet 11½.

Parent Agreement

I have read the Cub Scout Promise and I want my son to join the pack. I will assist him in observing the policies of the Boy Scouts of America and of his pack's chartered organization. I will

- *While he is a Tiger Cub, serve as his adult partner and participate in all meetings and activities and approve his advancement.**
- *While he is a Cub Scout, help him grow as a Cub Scout and approve his Cub Scout advancement.*
- *While he is a Tiger Cub, Cub Scout, or Webelos Scout, attend monthly pack meetings and take part in other activities; assist pack leaders as needed.*

****If the parent is not serving as the adult partner, the parental signature on the application indicates approval of the adult partner and also if the adult partner does not live at the same address as the Tiger Cub, a separate adult application is required.***

Health information. Please fill out the personal health history Class 1 form, No. 34414B, found on www.scouting.org/forms and give it to the unit leader.

Venturing Crew/Sea Scout Ship (Coeducational)

I submit my $10 registration fee for one year. I am at least 14 years of age and have completed the eighth grade or am 15 years of age and not yet 21. Must have parent/guardian approval if under 18 years of age.

Venturers and Sea Scouts registered in a crew or ship prior to their 21st birthday may continue as members after their 21st birthday until the crew or ship recharters or until they reach their 22nd birthday, whichever comes first.

Venturing and Sea Scouting include challenging physical and mental activities. If you have not recently had a complete medical examination, you are urged to see your family physician. Notify your Advisor/Skipper if you require special medication or if your physician recommends limited activity. Please fill out the personal health history Class 1 form, No. 34414B, found on www.scouting.org/forms and give it to the unit leader.

Boy Scout Troop/Varsity Team

Boy Scout Troop

Your son can be a Scout if he has completed the fifth grade and is at least 10 years old or is age 11 or has earned the Arrow of Light Award and is at least 10 years old, but has not reached age 18.

1. Complete the application (sign your name, indicating approval).
2. Give the completed application and fees to the Scoutmaster.
3. Secure a copy of the *Boy Scout Handbook* and complete the joining requirements as listed.

Health information. Please fill out the personal health history Class 1 form, No. 34414B, found on www.scouting.org/forms and give it to the unit leader.

Varsity Team

Varsity Scouting—A male youth must be at least 14 years of age and not yet 18.
(Complete the application process as above and give it to the Varsity Coach.)

Health information. Varsity Scouting involves strenuous activities. You should inform your Varsity Scout Coach of any condition that might limit your son's participation. Please fill out the personal health history Class 1 form, No. 34414B, found on www.scouting.org/forms and give it to the unit leader.

Registration and Subscription Fee Chart

Term per month	Youth/adult registration fee	*Boys' Life* subscription fee
1	.85	—
2	1.70	2.00
3	2.55	3.00
4	3.40	4.00
5	4.25	5.00
6	5.10	6.00
7	5.95	7.00
8	6.80	8.00
9	7.65	9.00
10	8.50	10.00
11	9.35	11.00
12	10.00	12.00

Cut along dotted line.

TEMPORARY MEMBERSHIP CERTIFICATE
(Good for 60 days)

This certifies that

_____

is a member of _____

_____
Unit leader signature

_____
Date

BOY SCOUTS OF AMERICA®

USE BLACK OR BLUE INK ONLY.

- Print—do not use cursive.
- Print one letter or number only in each box.
- Use upper-case letters and stay within the blue boxes for legibility.

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

Unit number: [ ][ ][ ][ ]

For pack registration select one: ○ Tiger Cub ○ Cub Scout ○ Webelos Scout

○ Mark here if new to Scouting. ○ Former Scout ○ Former Venturer ○ Former Sea Scout

ed 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 from council number: [ ][ ][ ] Unit type: ○ Pack ○ Troop ○ Team ○ Crew ○ Ship

from unexpired certificate: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

- Fill in radio buttons completely.

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

First name **(No initials or nicknames)**: JOHN

Middle name: ANDREW

Last name: SMITH

Suffix:

Country: US

Mailing address: 1234 ANY STREET

City: ANYTOWN

State: NY

Zip code: 12345

Home phone: 555 - 123 - 4567

Date of birth (mm/dd/yyyy): 01 / 01 / 1995

Grade: 06

Ethnic background: ○ African American ● American Indian ○ Alaska Native ○ Asian ○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School: OAK TREE ELEMENTARY

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)**: DEBORAH

Middle name: SUE

Last name: SMITH

Suffix:

Country: US

Mailing address: 1234 ANY STREET

City: ANYTOWN

State: NY

Zip code: 12345

Home phone: 555 - 123 - 4567

Date of birth (mm/dd/yyyy): 01 / 01 / 1972

Occupation:

Employer:

Gender: ○ M ● F

Business phone: - - X

E ng experience

Cell phone: - -

- Make sure you have all needed signatures on application.

Parent/guardian e-mail address: ANYPARENT@ANYE-MAILADDRESS.COM

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

Deborah Sue Smith

Signature of parent/guardian

Bill Taylor

Signature of unit leader (or designee)

Date: / /

Signature of Venturer

2000

Registration fee $.

Boys' Life fee $.

Retain on file for three years. 28-406B

SAMPLE

This form is read by machine. Please print the numbers and letters as shown on the sample application.

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

Unit number:

For pack registration select one: ○ Tiger Cub ○ Cub Scout ○ Webelos Scout

○ Mark here if new to Scouting. ○ Former Scout ○ Former Venturer ○ Former Sea Scout

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

US

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

US

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

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

Parent/guardian e-mail address

Signature of unit leader (or designee)

Date / /

2000

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

LOCAL COUNCIL COPY

Retain on file for three years. 28-406B

Annual Health and Medical Record

(Valid for 12 calendar months)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed heath-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle–accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

Part D is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: www.philmontscoutranch.org or 575-376-2281
- Northern Tier National High Adventure Base: www.ntier.org or 218-365-4811
- Florida National High Adventure Sea Base: www.bsaseabase.org or 305-664-5612
- National Scout Jamboree: www.bsajamboree.org

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at http://www.scouting.org/scoutsource/HealthandSafety.aspx. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at http://www.hipaa.org.

Annual BSA Health and Medical Record
Part A
GENERAL INFORMATION

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐

Address _____ Grade completed (youth only) _____

City _____ State _____ Zip _____ Phone No. _____

Unit leader _____ Council name/No. Patriot's Path Council / 358 Unit No. 133

Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____

Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____ Cell phone _____

Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes ☐ No ☐
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

_____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
☐	☐	**Tetanus** _____
☐	☐	Pertussis _____
☐	☐	Diphtheria _____
☐	☐	Measles _____
☐	☐	Mumps _____
☐	☐	Rubella _____
☐	☐	Polio _____
☐	☐	Chicken pox _____
☐	☐	Hepatitis A _____
☐	☐	Hepatitis B _____
☐	☐	Influenza _____
☐	☐	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____

Administration of the above medications is approved by (if required by your state): _____/_____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

680-001
2011 Printing
Rev. 2/2011

Full name: _____ DOB: _____ Allergies: _____ Emergency contact No.: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

☐ Without restrictions.

☐ With special considerations or restrictions (list) _____

_____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____
2. Name _____ Telephone _____
3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____
2. Name _____
3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, *including height and weight requirements and restrictions,* and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____
(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____
(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ DOB: _____

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