



APPLICATION TO JOIN A PACK

Check one:

- Tiger Cub—Grade 1
(or age 7)
- Cub Scout—Grade 2 or 3
(or age 8 or 9)
- Webelos Scout—Grade 4 or 5
(or age 10)

PACK NO. _____ EXPIRE DATE/TERM _____ MONTHS _____

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

TRANSFER FROM: COUNCIL NO. _____ UNIT TYPE _____ UNIT NO. _____

Youth Information:

First name _____ Middle initial _____

Last name _____ Suffix _____

Social security number _____-_____-_____

Country _____ Address _____

City _____ State _____ Zip _____

Home phone _____ Date of birth _____ Grade _____

School _____

Boys' Life

Ethnic background:

AI—American Indian

AA—African American

AS—Asian

CA—Caucasian

HI—Hispanic

OT—Other

Parent/Guardian/Adult Partner for Tiger Cub Information:

If the adult partner is not the parent living at the same address complete and attach an adult application

Relationship _____ Guardian Tiger Cub Adult Partner

First name _____ Middle initial _____

Last name _____ Suffix _____

Social security number _____-_____-_____ Male Female

Country _____ Address _____

City _____ State _____ Zip _____

Home phone _____ Date of birth _____ Occupation _____

Employer _____ Business phone _____

Previous Scouting experience _____

Youth e-mail address _____ Parent e-mail address _____

Signature of Cubmaster _____

I have read the attached information sheet and approve the application.

Signature of parent

Date

Registration fee \$ _____

Boys' Life fee \$ _____

Health History

Class 1 Personal Health History (Update annually, using form No. 34414.)

Identification: To be filled out by parent or guardian.

Name _____ Date of birth _____ Age _____

Name of parent or guardian _____ Telephone _____

Address _____

City _____ State _____ Zip _____

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

Allergies: Food, medicines, insects, plants Yes No

Explain: _____

General Information:	Yes	No		Yes	No
ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>
			Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

List any medications to be taken at camp: _____

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 _____ Pertussis _____ Mumps _____ Polio _____

Diphtheria _____ Measles _____ Rubella _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Parent/Guardian 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 of Parent or Guardian

Date

Return this application to:

PATRIOTS' PATH COUNCIL ■ BOY SCOUTS OF AMERICA ■ www.ppbsa.org
1170 Route 22 West, Mountainside, NJ 07092 ■ Tel: 908-654-9191 ■ Fax: 908-654-9196
12 Mt. Pleasant Turnpike, Denville, NJ 07834 ■ Tel: 973-361-1800 ■ Fax: 973-361-1954