OLD-TIMER SCOUT PARENTS

1. Complete a ***PACK 1116 SIGN-UP FORM***

2. Complete a ***PERMISSION TO PARTICIPATE, TREAT AND HOLD HARMLESS AGREEMENT***

3. If your Den Leader informs you that the Pack is missing your medical information for CSA, please complete the back page of a ***CUB SCOUT*** ***APPLICATION (Class*** 1 Personal Health History)

4. Write a ***CHECK***
   a. made payable to "Pack 1116"
   b. in the amount of $75 ($50 for each additional Scout)
   c. write scout's full name and grade in the memo field

5. Give the two (or three) forms and your check to Jere Shawver 9453 Brenner Court Vienna VA 22180.

THANK YOU and WELCOME BACK to PACK 1116!

CUB SCOUT PACK 1116 SIGN-UP FORM

2007-2008

***** PLEASE COMPLETE AND TURN-IN THIS FORM with Check*****

Mail to Jere Shawver 9453 Brenner Court Vienna VA 22180

If completed online … please mail with your check to Jere Shawvver (include Scouts name).

Fill in All Blanks. Write N/A if Not Applicable. Please Print Clearly.

Scout's Name	*First:*	*Last:*
Scout's School /Grade	*School:*	*Grade:*
Scout's E-Mail Address		
Father's Name	*First:*	*Last:*
Father's Primary E-Mail Address		
Mother's Name	*First:*	*Last:*
Mother's Primary E-Mail Address		
Was he in scouting last year? Check answers/describe ☐ Yes ☐ No ☐ Other (e.g. different pack; different state)	*If Yes, where? Pack 11 16 / different state, different Pack, etc.)*	

Volunteer Information: Since the success of the Pack is directly related to our adult leadership, we ask each family to participate in some way. To complete this sign-up form, each family ***should choose three*** of the following activities with which you will be willing to help:

- ☐ Den Leader
- ☐ Assistant Den Leader
- ☐ Assistant Cubmaster
- ☐ Secretary
- ☐ Assistant Secretary
- ☐ Committee Chairperson
- ☐ Recharter Committee
- ☐ Potomac Nationals Scout Night Coordinator
- ☐ Washington Wizards Scout Night Coordinator
- ☐ End of Year Campout Committee
- ☐ Song Leader
- ☐ Popcorn Committee
- ☐ Scouting for Food Committee
- ☐ Boat Regatta Committee
- ☐ Holiday Pack Meeting Committee
- ☐ Super Bowl Game Day Committee
- ☐ Pinewood Derby Committee
- ☐ Community Service Project Committee
- ☐ Uniform Inspection Committee
- ☐ Indoor Canoe Race Committee
- ☐ Beginning / End of the Year Picnics
- ☐ Blue and Gold Banquet
- ☐ Website Assistant

Comments or suggestions?

____

____

A Den Roster will be distributed to its Scouts. This Roster will contain Scout's name, parents' names, address, home phone number, and e-mail addresses. This Roster is only to be used for Pack 1116 related activities.

May we include your Scout's information on our Roster? **Yes** ☐ **No** ☐

Completed By: ______________________________ **Date:** ________________

THANK YOU AND WELCOME TO PACK 1116

☐ Check Rec'dCheck No. ________ ☐ Cash Rec'd

Permission to Participate, Treat, and Hold Harmless Agreement

I/we, the undersigned, give permission for ______________________________ (Scout),
to participate in all pack and den meetings and other activities of Cub Scout Pack 1116 of Vienna, Virginia. I/we, the undersigned, being a parent or guardian of this Scout, do hereby give the pack leaders, den leaders, or any other adult leader of Pack 1116 (Scout Personnel), permission to authorize such treatments to my/our Scout as is recommended by any physician, hospital, or such other licensed medical professionals or facilities as is available (Medical Personnel). I/we agree to hold harmless the Scout Personnel for all such reasonable and necessary action taken in care of my/our Scout. The permission given to the Scout Personnel to authorize treatment applies only in the event that I/we cannot be reached at the telephone numbers listed below or if circumstances do not provide a reasonable opportunity to call me/us before authorizing treatment.

I/we, the undersigned, hereby authorize any Medical Personnel selected by any Scout Personnel to render medical treatment which, in the sole and absolute judgment of such Medical Personnel, may be deemed necessary in the care of my/our Scout.

Scout Information

Name of Scout: ____ Date of Birth: ____/____/_____

Address: ____

City: ____________________State: ______ Zip Code: _____________

List any allergies, special medications, or other medical/health problems:

____

____

____

Doctor's Name: ____ Phone No.: ___________________

Address: ____

City: ___________________________________ State: ________ Zip Code: _________________

Medical Insurance Carrier: ____ Policy No.: _____________

This permission extends one year from the date below. By my/our signature(s) below, I/we do hereby certify that I/we have read and understand the above permissions and concur with the above permissions.

Executed this ______ day of __________________, 20_______.

Father _____________________________________ Mother _________________________________

Home Phone No.: ____________________________ Home Phone No.:_________________________

Work Phone No.: ____________________________ Work Phone No.: _________________________