

SCOUT NAME:

DATE:

CHECK LIST FOR NEW SCOUT

PART I--COMPLETED BY NEW PARENTS

1. Attend a New Parent Orientation Meeting

Date_____ Signature by Membership _____

2. Attend a Troop Committee Meeting

Date_____ Signature by Membership _____

3. Youth Protection Training: <http://olc.scouting.org>

4. On-line Fast Start Training: <http://olc.scouting.org/info/bsfs.html>

PART II--CHECKED OFF BY MEMBERSHIP COMMITTEE

New scout Information Form

Parent's Responsibility Form

Driver/Car Information Form

Copy of Medical Insurance Card (Both Sides)

Consent/Liability Form with picture of Scout

BSA Annual Health and Medical Record Form A and B

BSA Annual Health and Medical Record Form C with Physician's signature

Annual Membership Due (Prorated if joining mid-year)

Boy Scouts of America Youth Application Form

TROOP 485

New Scout Information

JOIN DATE:



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

ZIP CODE:

PHONE NUMBER:

EMAIL ADDRESS

DATE OF BIRTH:

GRADE:



FAMILY INFORMATION

FATHER NAME:

CELL PHONE:

FATHER E-MAIL:

MOTHER NAME:

CELL PHONE:

MOTHER EMAIL:

PATROL NAME:

CACTI
SERPENTS
OTHER

HAWKS
WILD CATS

DRAGON
BLOBFISH

REMARKS:

Parents' Responsibilities Form

In order to help our boys have a successful scouting experience, we believe that parents' involvement is vital. The following is a list of responsibilities of parents in helping Troop Committee to run the troop. Please complete the form when you register your boy(s). If you do not fulfill the minimum responsibilities, your boy(s) will not be allowed to re-enroll next year.

1. Encouragement

I agree to encourage my son to actively participate in the Troop meetings, Troop activities, patrol meetings, campouts and Courts of Honor.

2. Protection

I will review with my son the "How to Protect Your Children from Child Abuse" chapter found in the Boy Scout Handbook. I also agree to take the online Youth Protection Training every two years offered by Council.

3. Subcommittee

I agree to attend Troop Committee meeting at least four times a year. I will also join and actively support one of the following Troop Subcommittees. I will serve in (choose one or more):

Advancement	Assistant Scoutmaster	Badge	Camping
Membership	Troop Committee Chair	Finance	Events
Communication	Scoutmaster	Training	

4. Involvement

I agree to participate in my son's Advancement by

- 1) Taking the Adult Leader Basic Training courses before my son reached First Class rank, and
- 2) Becoming a Merit Badge Counselor.

5. BOR participation

I agree to participate in the Board of Review (advancement) meeting at those meetings in which my son(s) is up for review. I understand that my son may not be reviewed if I cannot fulfill this responsibility.

6. Patrol Leader Parent

I agree to fulfill the patrol leader parent responsibilities described in the Parent Handbook when my son was elected to be a patrol leader.

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7. Finance

I agree to meet all of the financial responsibilities of membership. This includes paying the annual membership dues and contributing to the annual Friends of Scouting campaign at an amount set by the Troop Committee. I understand that my son's membership will not be renewed if I cannot fulfill this responsibility.

8. Chaperone/Carpooling

I agree to make sure there are two trained adults in every campout, or the patrol cannot go. I also agree to share the driving responsibility with other parents in the patrol.

Parent Signature _____

Date _____

SCOUT NAME:

DATE:

DRIVER/CAR INFORMATION

CAR1: MAKE:

MODEL:

YEAR:

OF PASSENGERS:

DRIVER'S NAME:

DRIVER LICENSE # :

CAR INSURANCE COVERAGE

EACH PERSON:

EACH ACCIDENT:

PROPERTY
DAMAGE:

WILL EVERYONE
WEAR A SEATBELT:

LICENSE PLATE #

POLICY #:

INSURANCE
COMPANY:

CAR2: MAKE:

MODEL:

YEAR:

OF PASSENGERS:

DRIVER'S NAME:

DRIVER LICENSE # :

CAR INSURANCE COVERAGE

EACH PERSON:

EACH ACCIDENT:

PROPERTY
DAMAGE:

WILL EVERYONE
WEAR A SEATBELT:

LICENSE PLATE #

POLICY #:

INSURANCE
COMPANY:

BSA Troop 485

SCOUT NAME

DATE

TROOP 485 COMBINATION CONSENT/LIABILITY FORM

- A. EMERGENCY CONSENT FOR MINORS
(Medical Treatment Authorization)
- B. RELEASE OF LIABILITY
- C. CONSENT FOR TRAVEL TO, AND
PARTICIPATE IN, T485 EVENTS

Photo of Scout

A. EMERGENCY CONSENT FOR MINORS

I/We, the undersigned, parent(s) or guardian(s) of _____ a minor, do hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis, care or treatment and hospital care for the above minor which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, or a licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at the said hospital, or elsewhere as circumstances may require in the discretion of the treating physician or dentists.

It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care and hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, medical, dental or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

B. RELEASE OF LIABILITY

I hereby waive, release, and discharge any and all claims for damages which I have or may hereafter accrue as a result of the participation by any member of my family in any event sanctioned or authorized by the Adult Leaders of Troop 485. This release is intended to discharge in advance the promoters, sponsors, promotion clubs, officials and any involved municipalities or other public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my/our participation in said event, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

Parent's Initial _____ Date _____

BSA Troop 485

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TROOP 485 COMBINATION CONSENT/LIABILITY FORM (Page 2)

I understand that serious accidents occasionally occur during events, whether or not they are sponsored by the Boy Scouts of America, and that participants in such events occasionally sustain serious personal injury, occasionally resulting in death as a consequence thereof. Knowing the possible risks inherent in traveling to and from events, as well as in attending events, I nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding upon my heirs and assigns.

C. CONSENT TO TRAVEL & TO PARTICIPATE IN T485 SCOUT EVENTS

I/We, the undersigned, parent(s) or guardian(s) of _____ a minor, grant consent for him to go to and participate in any of the trips in which Troop 485 leadership (agents) has (have) officially sanctioned or authorized. It is understood that there is about one trip a month and that such trips include:

1. Camping trips, hikes, and water events which are organized by the Troop, by the Patrol, and by BSA Scout organizations at the District, Council, Regional, National and International levels.
2. Trips other than camping trips, such as trips to visit historic, cultural, sport, scientific, government and educational centers.

Parent's Initial _____ Date _____

TROOP 485 COMBINATION CONSENT/LIABILITY FORM (Page 3)

This authorization shall remain in effect until December 31, _____ (maximum 15 months), unless sooner revoked in writing, and delivered to said agents (Committee Chairman or Scoutmaster). This form is to be submitted each December by member families who are re-joining, and is valid for the following January to December. This form may be submitted at any time by new member families.

Signature(s) of Parent(s) or Guardian(s) signifying concurrence with Parts A, B, & C of this COMBINATION CONSENT/LIABILITY form.

_____/_____
Father's English/Chinese Name Father's signature

E-mail _____ Phone _____ Date _____

Mother's English/Chinese Name

Mother's signature

E-mail	Phone	Date
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EMERGENCY CONTACT INFORMATION

In the event of an emergency involving the minor named below, please contact me (as listed above), or a relative or friend (as listed below). Parents, please fill in the information for at least one relative or friend.

1. Name of Minor _____ / _____ Age _____ Patrol Name _____
(English) (Chinese)

2. Health Plan _____ Doctor's Name/Phone _____
Policy Number _____ Known Allergies _____
(eg. Bee stings, antibiotics, etc.)

3. Relative's Name _____

Relationship _____ Phone _____

4. Friend's Name	Phone
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