

# Cub Scout Registration Packet Information

1. Please complete the Cub Scout Pack 163 Registration Form (attached). If your son is registering for the first time, you will also need to complete a BSA National Youth Application form that we will provide to you.
2. Please include the correct fee and make checks out to "Cub Scout Pack 163".  
The Registration Fee due at time of sign up is \$135. See the next page for details.  
If your family has more than one Cub in the Pack and if you only want one copy of Boy's Life magazine delivered to your home, you can deduct \$12 from additional Cub Registration Fees.
  - a. *Note: You may still be required to contribute dues for your Den (i.e., for snacks, craft supplies, etc)*
3. **New Scouts** - BSA renews membership by calendar year, not school year. If your son was not in scouts during the 2014-2015 school year, the Pack will need to register him for the remainder of 2015. Membership dues and insurance are prorated for scouts who register after January. This means if you are signing up in June, you owe an additional \$16.50 for this year's membership (6 months). If you are signing up in September, the additional fee will be \$8.25 (3 months). Please add this amount to your registration dues (June registration total is then \$151.50, September total is \$143.25).
4. Bring your completed form and payment to one of our Cub Scout Pack or Den meetings or mail it to:  
Cub Scout Pack 163, c/o Nicole Melnick, 176 Leo Place, Union, NJ 07083
5. Our Pack is run entirely by volunteers and needs help from every family to provide a positive and enjoyable Scouting experience for the boys in our Pack. Without parental involvement, the Pack will fail. When you register a Scout with our Pack, you must make a personal commitment to support his Scouting efforts by
  - o bringing him to all his Den and Pack meetings on time
  - o assisting his den leaders when they ask for help
  - o helping him advance in his rank
  - o coming with him and participating in Pack meetings and events

**Everyone is busy. We know, we are too! However, application to the Pack will not be complete without signing up for at least one position or event on the Pack Volunteer sign-up sheet. Jobs will be assigned on a first come, first served basis, so please step up and volunteer now to make this Scouting year fun and successful.**

*I pledge to help my son in his Cub Scouting adventure and to support the Pack.*

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Son's Name:** \_\_\_\_\_ **Den:** \_\_\_\_\_

*The information below is for committee use.*

Registration Form and Fee collected \_\_\_\_\_

Added to Pack roster \_\_\_\_\_

Scout Name:

Den:

Cub Scout Name: \_\_\_\_\_

Volunteer position assigned \_\_\_\_\_

# Cub Scout Pack 163 Registration Form

## Boy Scouts of America

Patriot's Path Council

Cub Scout Pack 163, Union NJ

Chartered by Union Elks Lodge #1583, Union NJ

### General Information *(please print clearly)*

- Returning member for Pack 163 (update grade and school and any other changes)
- New member for Pack 163 (must also complete the BSA National Youth Application)

**Cub Scout's Name:** \_\_\_\_\_ **Den:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Grade in Fall 2015:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mother Name:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**List Other Siblings** (First name/Age/In Cubs?)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Fees Information x

Please make checks payable to "**Cub Scout Pack 163**".

Registration Fee for first Cub: \$135

Registration Fee for each additional Cub in family (if not including Boy's Life): \$123

If you would like to pay by credit card, a \$5 service fee will be added to cover our processing costs.

#### What does this money pay for?

This registration fee covers the dues the Pack pays to BSA for 2015 membership and insurance (\$46), and a year's subscription to Boy's Life (\$12). The remaining \$77 is used to pay for your son's badges and awards, and Pack meetings and events throughout the year. We will still be doing fundraisers to keep the registration fee as low as possible. Fundraisers for your family to participate in are: the Applebees Pancake Breakfast, Pinewood Derby Bake Sale, the Blue and Gold Tricky Tray, and the Dorney Park ticket sales.

If you have questions about our Pack financials, or would like a copy of the budget, please contact our treasurer, Danielle Laube (treasurer@pack163unionnj.com/908.265.7144).

*\*Cub Scouts not Paid in full by November Pack Meeting will not be registered for the calendar year and will have to complete a new application for subsequent calendar year registration.*

Cub Scout Name: \_\_\_\_\_

## Talent Release

I hereby assign and grant to Pack 163 of Union NJ 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 the above noted Cub Scout during scouting events, and I hereby release Pack 163 and the Boy Scouts of America 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 Pack 163 and the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

**Agreed to and accepted by**  
**I do NOT release my child's image to be used by Pack 163**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent or legal guardian)*

## Medical Information *(please print clearly)*

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

If yes, explain:

\_\_\_\_\_

### Indicate Any Known Disorders

ADD / ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions/seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No	High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any medications to be taken at camp/outings:

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**Name of personal physician:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Health/accident insurance carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

### Medical Parental/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:** \_\_\_\_\_ **Date:** \_\_\_\_\_