

BOY SCOUT APPLICATION

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Local troop number

- Rank—Check one
- | | |
|---|------------------------------------|
| <input type="checkbox"/> (N) Boy Scout | <input type="checkbox"/> (S) Star |
| <input type="checkbox"/> (T) Tenderfoot | <input type="checkbox"/> (L) Life |
| <input type="checkbox"/> (2) Second Class | <input type="checkbox"/> (E) Eagle |
| <input type="checkbox"/> (1) First Class | |

Please print one letter in each space—press hard, you are making three copies.
Leave space between first name and initial.

Boy's first name and initial	Last name
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Address—street or R.F.D.	Grade	Date of birth
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Month Day Year

Additional address information (if needed)	Boys' Life	Arrow of Light
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- Check
- New Boy Scout
 - Former Boy Scout
 - Former Webelos Scout

City	State	Zip code
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TROOP COPY

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

Parent's name	Occupation
Employer and business address	
Previous Scouting experience	

Signature of parent or guardian

Home telephone number	Date
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FOR TROOP USE

Registration fee	Boys' Life fee	Term (months)	Unit renewal date	Scoutmaster's signature
\$ <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

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.

FOR COUNCIL USE	
Transfer from:	
<input type="text"/>	<input type="text"/>
Council	Nat'l Unit No. Member ID No.

Class 1 Personal Health History

(Update annually using form No. 34414.)

PLEASE PRINT. DO NOT WRITE THROUGH CARBONS.

Identification: To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____

Name of parent or guardian _____ Telephone _____

Home 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		Yes	No	Yes	No	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<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 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 _____

Parent or guardian