



Scout's Name _____

Scout Troop 360 New Scout Registration Checklist 2021

Please Submit:

- Troop 360 "SCOUT REGISTRATION CHECKLIST" (this form)
- Boy Scouts of America Youth Application
- Annual BSA Health and Medical Record (Part A & B)
- Scout Personal Data Collection Form
- Scout Support Form (If applicable)
- Copy of Current Health Insurance Coverage or Military ID for TriCare
- Photo Release Form
- Fees Troop360satx.square.site

IMPORTANT DISCLOSURE: In order to ensure the SAFETY of all participants, Scouts and Leaders may not be able to participate in activities until COMPLETE paperwork and training records are submitted.

REGISTRATION FEE WORKSHEET :

Date of Signup	National Dues (Non-member)	Boys Life (Optional) (Non-member)	Troop Dues	Troop Joining / Crossover Fee (1 Time)	Troop Supply Fee (1 Time)	Total
Full Year (January-Dec 2020)	66.00	12.00	100.00	20.00	20.00	
February thru Dec '19	60.50	11.00	91.67			
March	55.00	10.00	83.33			
April	49.50	9.00	75.00			
May	44.00	8.00	66.67			
June	38.50	7.00	58.33			
July	33.00	6.00	50.00			
August	27.50	5.00	41.67			
Sept	22.00	4.00	33.33			
Oct	16.50	3.00	25.00			
Nov	11.00	2.00	16.67			
December	5.50	1.00	8.33			

Note: Currently registered Webelo's scouts (in any pack) have already paid for national dues, and Boy's Life Subscriptions. They are still responsible for paying prorated Troop Dues and a Troop Joining Fee and a supply fee.

Registration Sub Total: _____



Scout's Name _____

Troop 360 Swag



Class B T-shirt \$10 ea

Adult Sizes --

- S
- M
- L
- XL
- XXL

Nalgene Water Bottles \$10 ea

Wide Mouth or Narrow Mouth



Swag Sub Total: _____

Deposit for Summer Camp \$50 to hold spot

- All Scouts – Lost Pines, Bastrop Texas 6/6/2021 through 6/12/2021
- Older Scouts - H Roe Bartle Scout - July 5-16, 2021 (Limited Signups, 1st Class +)

Credit Card Fee 3% if paid by card

TOTAL PAID: _____

If you have any registration questions, please see the membership chair Chris Kwan @ 210-382-3170 or csckwan@gmail.com

+++++ For Troop Use Only +++++

- | | | |
|---|---|---|
| <input type="checkbox"/> Uniform Items (T360, Epaulets, Scarf, Slide) | <input type="checkbox"/> Mail Box | <input type="checkbox"/> Med forms in Red Book |
| <input type="checkbox"/> T-Shirt | <input type="checkbox"/> Binder | <input type="checkbox"/> Rank Board Disc |
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Notify ASMs (patrol assgn) | <input type="checkbox"/> Drop App @ Council |
| | <input type="checkbox"/> TroopMaster Entry | <input type="checkbox"/> Notify Summer Camp Coord |

Scout Personal Data Collection Form

Name: _____ BSA ID#: _____ Gender: M / F

Address: _____ Mailing: _____

Email: _____ DOB: ____/____/____
 Phone: _____ School: _____ Grade: ____
 _____ Drivers License: _____ State: ____
 _____ Place of Worship: _____

Joined Unit: ____/____/____ Cub From: ____/____/____
 Boys' Life: Yes / No Cub To: ____/____/____ Highest Cub Badge: _____

Patrol: _____ Swimming Level: _____ Date: ____/____/____

Leadership Position: _____ Date: ____/____/____

Emergency Contact: _____ Phone: _____ Health form on file: Y / N

Doctor: _____ Health Form A: ____/____/____
 Insurance: _____ Health Form B: ____/____/____
 Policy: _____ Health Form C: ____/____/____
 Medications: _____ Group: _____ Health Form D: ____/____/____
 Allergies: _____ Tetanus: ____/____/____
 Other: _____
 Special Needs: _____

Dt Book Rvwd:

Remarks:

Father: _____ Mother: _____
 Email: _____ Email: _____
 Phone: _____ Phone: _____

Drivers License: _____ ST: ____ Drivers Lic: _____ ST: ____
 Employer: _____ Employer: _____
 Occupation: _____ Occupation: _____

<u>Vehicle</u>	<u>Seat Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Scout's Name _____



Boy Scout Troop 360

Scout Support Form



This form should be filled out if your child has been diagnosed with a physical (including allergies; food, etc.), emotional, developmental, dietary or behavioral disability, or if there is something special that Troop 360 needs to know to help your scout get the most out of the program.

The Leadership of Troop 360 is committed to ensuring all our Scouts have an opportunity to fully experience the program to the best of their abilities. In order to accomplish this mission we need your assistance. Please answer the following questions as completely as possible. This information will be considered confidential and only used to benefit your scouts experience.

1. Please summarize the condition that your scout has been diagnosed with.

2. Please provide the strengths and weaknesses your scout has in both social and outdoor activities.

3. Often when a scout gets into a stressful situation, the parents have responses or tricks to help calm or redirect. If you have some ideas the Troop Leadership can use to help your child get the most out the program we would ask that you share them with us.

Signed: _____ Date: _____ (Parent or Guardian)

Thank you,
Troop 360 Leadership Team

Photo Release form

TROOP 360 is seeking approval to have photos of scouting activities included on web site WWW.TROOP360satx.org. Photos used will be in keeping with the BSA rules and guidelines for internet publishing.

No names will be used on photos. No personal phone numbers & addresses will be allowed on the web site.

Keeping with the above stated Troop 360 guidelines,

I hereby assign and grant to Troop 360 the right and permission to use and publish onto Troop 360 web site, the photographs and electronic representations taken of any of my family members at Boy Scouting events. No names, personal phone numbers or addresses will be used for scouts. If I choose to revoke this permission I will submit it in writing to a committee member and the photos of my family members will be removed within 10 business days.

ALLOW

DO NOT ALLOW

I understand the above stated guidelines and I request no photo representations of my family members on Troop 360 web site. I understand that this will limit the ability of Troop 360 to post group photos taken at scouting events.

Parent/ Guardian

Print name _____

Scout Name _____

Signature _____ Date _____

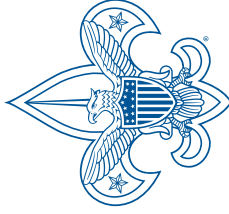
e- mail _____

YOUTH APPLICATION

This application is also available in Spanish. Esta solicitud también está disponible en español.



Cub Scouting



Scouts BSA



Venturing



Sea Scouting

Scout Oath

On my honor I will do my best
to do my duty to God and my country
and to obey the Scout Law;
to help other people at all times;
to keep myself physically strong,
mentally awake, and morally straight.

Scout Law

A Scout is trustworthy, loyal,
helpful, friendly, courteous, kind,
obedient, cheerful, thrifty, brave,
clean, and reverent.

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BOY SCOUTS OF AMERICA®

Welcome to the BSA!

The BSA makes Scouting available to our nation's youth by chartering community organizations to operate Cub Scout packs, Scouts BSA troops, Venturing crews, and Sea Scout ships.

The chartered organization provides an adequate and safe meeting place as well as capable adult leadership, and requires adherence to the principles and policies of the BSA. The BSA local and national council provide training, program, outdoor facilities, literature, professional guidance, and liability insurance protection.

Parent/Legal Guardian Role in Scouting

Scouting uses a fun program to promote character development, citizenship training, leadership, and mental and physical fitness. You can help by encouraging attendance, assisting with your child's advancement, attending meetings for parents, and assisting the unit when called upon to help. The unit cannot provide a quality program without your help.

Parent Agreement. I have read the Scout Oath and Scout Law, and I want my child to join Scouting. I will assist them in abiding by the policies of the BSA and the chartered organization. I will:

- *Serve as an adult partner while my child is a Lion or Tiger.*
- *Help my Scout grow through completion of advancements.*
- *Help the unit with activities and assist as needed.*

Health Information. You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record, No. 680-001, found on www.scouting.org/forms and give it to the unit leader.

Youth Protection Begins With You™. Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere, even in Scouting. Youth safety is of paramount importance to Scouting. For that reason, the BSA continues to create and consistently improve its barriers to abuse.

The BSA is committed to providing a safe environment for young people. To maintain a safe environment, the BSA provides parents and adult leaders with numerous online and printed resources and adult leaders must complete Youth Protection Training (YPT) and renew their training as required. Parents who participate in Scouting activities are highly recommended to complete YPT. To learn more about the BSA's Youth Protection resources, go to www.scouting.org/training/youth-protection/.

Mandatory Reporting

All persons involved in Scouting must immediately report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused; physically or emotionally neglected; exposed to any form of violence or threat; or exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Additionally, any known or suspected abuse or behavior that might put a youth at risk must also be reported to the local Scout executive or the Scouts First Helpline (1-844-SCOUTS1 or 1-844-726-8871) if your Scout executive or local council cannot be reached.

All parents must review the *How to Protect Your Children From Child Abuse: A Parent's Guide* booklet in the Cub Scout or Scouts BSA handbooks or at www.scouting.org/training/youth-protection/.

Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings. There must be a registered female adult leader over 21 in every unit serving females. A registered female adult leader over 21 must be present for any activity involving female youth.
- One-on-one contact between adult leaders and youth members is prohibited both inside and outside of Scouting.

These and other key Youth Protection policies are addressed in the training and at www.scouting.org/training/youth-protection/.

To learn about the BSA's other health and safety policies, please review the online version of the *Guide to Safe Scouting*, the Scouter Code of Conduct, and the Sweet Sixteen of BSA Safety, which are available at www.scouting.org/health-and-safety.



Scout Life Magazine

For a subscription to a magazine that will help your child grow in the Scouting program, just fill in the *Scout Life* circle on the application and pay the subscription price.

The J. Warren Young Literacy Fund

You can give a Scout the opportunity to enjoy a free subscription to *Scout Life* for one to five years. Go to go.boyslife.org/donate to donate. The local council will identify Scouts who do not have the funds to subscribe. Do a Good Turn today. Today's readers are tomorrow's leaders.

Who Can Join?

It is the philosophy of Scouting to welcome all eligible youth, regardless of gender, race, ethnic background, sexual orientation, or gender identification, who are willing to accept Scouting's values and meet any other requirements of membership.

Joining Requirements

Cub Scout Pack

Pack membership is open to youth in kindergarten through fifth grade.

***Lion**—Kindergarten (year before first grade)

Bear—Third grade

***Tiger**—First grade

Webelos Scout—Fourth and fifth grade

Wolf—Second grade

***Lions and Tigers must have an adult partner. If the parent is not serving as the adult partner, the parental signature on the application indicates their approval of the adult partner. In addition, if the adult partner does not live at the same address as the Lion or Tiger, an adult application is required.**

Scouts BSA Troop

Youth can be Scouts if they have completed the fifth grade and are at least 10 years old, OR have earned the Arrow of Light Award and are at least 10 years old, OR are age 11 but have not reached age 18.

Venturing Crew/Sea Scout Ship

Venturing and Sea Scouting are for young men and women at least 13 years old who have completed the eighth grade, or are age 14 and not yet 21. **Applicants age 18 and older must complete a BSA adult application.**

Excerpt From the Declaration of Religious Principle

The BSA maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and the organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to this Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of membership.

The annual national registration fee is nonrefundable.

For general questions, contact your BSA local council.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further 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 the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken. If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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