

Revised: 11/27/2013

For Unit Use Only

Participant's Name: _____

Contact Information

Dad's Name	Dad's Home Phone #	Dad's Cell #	Dad's Work #
Mom's Name	Mom's Home Phone #	Mom's Cell #	Mom's Work #

In the event of an emergency, if the parents or legal guardian named above is not available, notify:

	Name	Relationship	Home Phone #	Cell Phone #	Work Phone #
Contact #1					
Contact #2					

Consent For Minors

I hereby release and waive any and all claims that I may have against Boy Scouts of America Silicon Valley Monterey Bay Council, BSA and Scouting's chartered organization and any of their affiliates, agents, servants, employees, officers, directors and volunteers. I further agree that I shall indemnify, hold free and harmless, assume liability for, and defend the Boy Scouts of America, Silicon Valley Monterey Council, or Scouting's chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors from any and all costs and expenses, including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums that the Boy Scouts of America, Silicon Valley Monterey Council, or Scouting's chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors incur as a result of any demand for claim or assertion of liability under any municipal, state or federal law or cause of action, including any action under the Americans with Disabilities Act, arising or alleged to have arisen out of any act or omission of, or any use of real or personal property belonging to, the Boy Scouts of America, Silicon Valley Monterey Council, or Scouting's chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

This authorization shall remain in effect until December 31, 2014 unless sooner revoked in writing, delivered to said agent(s).

Father's signature: _____ Date: _____ Mother's signature: _____ Date: _____
(or legal guardian) (or legal guardian)

Insurance & Physician Information for Participants

Participant's Medical Insurance Plan & Number	Participant's Medical Record Number	Participant's Doctor	Doctor's Office Phone Number

Driver & Vehicle Information All vehicles used to transport Scouts on 566 events MUST be covered by a liability insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. It is recommended, however, that coverage limits are at least \$100,000 combined single limit. Please fill out the information below for each adult driver and each car that you might use to transport Scouts (even your own). This information is used for 566 Tour Permits & BSA Insurance.

	Name	DOB	Driver's Lic. # /State		Name	DOB	Driver's Lic. # /State
Dad's1				Mom's			

Vehicle Make	Model	Year	License Plate	Total # of Seat Belts (inc driver)	50/100/50 or more coverage
					<input type="checkbox"/> YES
					<input type="checkbox"/> YES
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

Cub Scout Pack 566 Family Info Sheet

Cub's Information:

First _____ Last _____ Nickname _____

School: _____ Birthday: _____ Age: _____ Grade: _____

Address: _____ Home Phone: _____

Mom's Information

First _____ Nickname _____ Last _____

Address: _____ Home Phone: _____

Cell Phone: _____ Work # _____

Previous Scouting experience: _____

Volunteer interest: _____

Dad's Information

First _____ Nickname _____ Last _____

Address: _____ Home Phone: _____

Cell Phone: _____ Work # _____

Previous Scouting experience: _____

Volunteer interest: _____

Pack 566 Email Database Info

Pack 566 maintains an e-mail system for communication within the Pack and Dens. Each Cub Scout & parent will be assigned an e-mail alias (first.last@bsa566.com) which will forward e-mails to the Cub and parents. Emails sent to a Cub using the Pack email database will always be copied to at least one parent.

Please list the e-mail addresses where you would like to have e-mails sent and check the parent(s) addresses to which the Cub's email should be copied:

Cub's emails to be copied to:	<input type="checkbox"/>		Email address:
	<input type="checkbox"/>	Scout's home email	
	<input type="checkbox"/>	Mom's home email	
	<input type="checkbox"/>	Mom's work email	
	<input type="checkbox"/>	Dad's home email	
	<input type="checkbox"/>	Dad's work email	