

CUB SCOUT PACK 274
REGISTRATION FORM 2009-2010

SCOUT INFORMATION:

First name: _____ Last name: _____
Nickname: _____
Address: _____ Grade: _____ Den: _____
Home Phone: _____

PARENT INFORMATION:

Father
First name: _____ Last name: _____
Occupation: _____ Committee: _____
Work Phone: _____ Cell Phone: _____
Email: _____
Address/home phone if different than Scout's: _____

Mother
First name: _____ Last name: _____
Occupation: _____ Committee: _____
Work Phone: _____ Cell Phone: _____
Email: _____
Address/home phone if different than Scout's: _____

CONTACT INFORMATION:

If I cannot be reached, my child can be released to the following persons:

1st Contact: _____	Home Phone: _____	Other Phone: _____
2nd Contact: _____	Home Phone: _____	Other Phone: _____
3rd Contact: _____	Home Phone: _____	Other Phone: _____

MEDICAL INFORMATION:

Emergency Contact: _____ Phone: _____
Doctor: _____ Phone: _____
Insurance: _____ Policy #: _____
Allergies: _____ Medications: _____
Other Info: _____ Special Needs: _____

FEES AND MISC. INFORMATION:

Please check one: Paid with Pay-Pal Paid with check, number: _____

T-Shirt (indicate size) (Optional)
None Youth: Sm Med Lg Adult: Sm Med Lg

Prepaid Pack Events: (Optional) Indicate if you wish to pre-pay your Pack Events for the year, which include **Raingutter Regatta, Blue and Gold Banquet, and two Campouts.**

Do Not Prepay PrePay for: 2 (1 Scout/1 Parent) 3 (1 Scout/2 Guests) 4 (1 Scout/3 Guests)

PACK 274

EMERGENCY CONSENT, FIELDTRIP PERMISSION, PHOTO RELEASE FORMS

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 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 dentist.

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.

This authorization shall remain in effect until **December 31, 2010**, unless sooner revoked in writing, delivered to said agent(s).

FIELD TRIP PERMISSION SLIP:

I give my Cub Scout, _____, permission to go on all field trips with his Den or his Pack through **December 31, 2010**. I also release the Den Leader, Pack 274, and the Boy Scouts of America from any responsibility for accidents or injury to my Cub Scout resulting from any of these field trips. In the event of an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or order injections for my Cub Scout.

PHOTO RELEASE:

I hereby assign and grant to the Boy Scouts of America and Cub Scout Pack 274 the right and permission to use and publish photographs/film/video tapes/electronic representations and/or sound recordings made of me by Cub Scout Pack 274, and I hereby release the Boy Scouts of America and Cub Scout Pack 274 from any and all liability from such use and publication.

I hereby authorize the reproduction, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

___ Check if you **do not** want photographs of you or your child published.

Signature(s) of Parent(s) or Guardian(s) for the Emergency Consent for Minors, the Fieldtrip Permission Slip and the Photo Release.

_____ Date: _____

_____ Date: _____

Scout Name (please print): _____

Den #: _____

CUB SCOUT PACK 274 REGISTRATION AND OTHER FEES

Make checks payable to Pack 274 or via PayPal at pack_committee_chair@pack274.net

Registration Fee:	\$	10.00	
Boy's Life Magazine:	\$	12.00	Mandatory (1 per family)
Pack Fees:	\$	65.00	
T-Shirt: (optional)	<input type="text"/>	\$	Enter quantity of Tshirts being ordered @ \$10each
PrePaid Pack Events: (optional)	<input type="text"/>	\$	Enter # of family members age 5+ @ \$24 each

Total of Fees Due: \$ 87.00

Please mark on the bottom of the front page your method of payment and t-shirt/prepaid event choice!
Send your check payable to "Pack 274" to Gina Freitag: 7348 Alexis Manor Place, San Jose, CA 95120

Please note:

- A Boys Life Magazine subscription is required – 1 per family.
- Pack fees include: Rank/Special Awards, Neckerchief, Pinewood Car, Membership Fees and first aid training for leaders.
- Pack fees do not include: Campouts (\$6.50/pp), Blue & Gold Banquet (\$6.00/pp), Raingutter Regatta BBQ (\$5.00/pp).
- Other costs during the year may include: Den Dues, Friends of Scouting donation, campout parking, and optional events such as sports events, summer camps, etc.

2009-2010 PACK 274 LEADERSHIP AND COMMITTEE ROLES

At least one parent or adult volunteer per family must serve in a leadership or committee role.

PACK LEADERSHIP ROLES

Den Leader: One per den, or two or more co-leaders per den.

Assistant Den Leader: One or more per den.

Cub Master: Dave Reid

Treasurer: Gina Freitag

Asst. Cubmaster: Steve Weeks

Webmaster: Tim Miller

Pack Committee Chair: Helen Towers

Newsletter Editor:

PROJECT COORDINATORS

Summer Camp Coordinator: Laurie Reilly

Membership Drive Coordinator: Susie Lambert

PACK COMMITTEES:

Each committee consists of a chairman, **and one representative from each den**. Please consider which committee you might want to lead or participate in next year! Please coordinate with your den leader when selecting your committee role.

Pinewood Derby: Committee Chair: Tim Miller (Den & & 10) and Gina Freitag (Den 3)
Plans and runs the Pinewood Derby (January)

***Blue and Gold:** Committee Chair: Holly Case (Den 3)
Plans and coordinates the Blue and Gold Banquet (February/March).

***Sports:** Committee Chair: Minzhen Yang (Den 1)
Plans and coordinates the Cub Cart Rally, and sporting events (i.e. bowling, gymnastics, karate etc.).

Camping: Committee Chair: Minzhen Yang (Den 1)
Plans and coordinates all camping (October, May), mid-year hike, and or out-of-district events

Fundraising: Committee Chair: Jennifer Weeks (Den 4)
Plans and coordinates all fund raising (Popcorn Sales and Cake Auction).

***Awards:** Committee Chair: Pam Doherty (Den 11)

Plans/coordinates all advancement/award ceremonies with the Cubmaster. Arranges for purchase/awarding of den level awards in a timely manner. Committee members monitor their den member's progress and report to committee chair.