

# Cub Scout / Boy Scout Registration Packet

## Registration Instructions

### 1. Informed Consent and Release Form (Page 2)

- a. Type your full name in the Signature field
- b. Enter Today's Date
- c. Check the box to indicate your agreement to the text
- d. Enter the first names of each family member that will participate in scouting events
- e. Enter the family last name (or names)

### 2. Car Insurance Information (Page 3)

- a. For all cars that you will use to drive your son to scouting events, enter the following information:
  - i. Year/Make/Model
  - ii. Owner's Driver's License Number
  - iii. Number of working Seatbelts in the car
  - iv. Check the box to indicate that all passengers will wear seatbelts while riding to or from a scouting event
  - v. Enter the Per Person/Per Accident/Property Damage coverage amounts for the owner's car insurance.

### 3. Membership Form (Page 4)

- a. If your son is in Grade 1 – Grade 5, select Cub Scout Pack. If your son is Grade 6 or above, select Boy Scout Troop.
- b. If you checked the box for "Cub Scout Pack" select one of the following:
  - i. Tiger Cub – For boys in the First Grade
  - ii. Cub Scout – For boys in Second or Third Grade
  - iii. Webelos Scout – For boys in Fourth or Fifth Grade
- c. The top section of the form is for your Son's information; the bottom is for your own.
- d. Please fill out all required fields – highlighted with a red border. If you do not see the fields, look for the "Highlight Fields" button in Adobe Acrobat. (All address and contact information for your son and yourself is required)
- e. If you would like to pay Online via PayPal, click on the "Pay Now" button (Green button on the left hand side). This will take you to our secure online payment processing and will let us know that you have paid the registration fee.
- f. If you would prefer to pay via check, please make your check for \$75 out to Cub Scout Pack 360 and mail your payment to:  
*Jeffery Feuer*  
*c/o Customer Solutions Group*  
*280 South Beverly Drive, Suite 416*  
*Beverly Hills, CA 90212*
- g. When complete, you may submit your form electronically by saving it to your local computer (by clicking on the File -> Save As link in the menu) and e-mailing it to the following e-mail address: [campingpayment@bhtroop360.org](mailto:campingpayment@bhtroop360.org). If you would prefer to print and mail your registration forms, please send them to Jeff Feuer at the address above.

If you have any questions, please contact Ami Adler ([ami@df.com](mailto:ami@df.com)) or Jeff Feuer ([jfeuer@insidesaleslab.com](mailto:jfeuer@insidesaleslab.com))

**Thanks and welcome to Pack/Troop 360**

# Informed Consent and Hold Harmless/Release Agreement

## Release of Liability

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself, my children, family, and guests to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, Pack and Troop 360, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

## Permission to Obtain & Use Medical Information and Provide Medical Treatment

I approve the sharing of medical information with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities. In case of an emergency involving me or my family members and guests, I understand that every effort will be made to contact a related responsible adult. 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, my family, and guests. Medical providers are authorized to disclose to the adult in charge 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, including 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 without restrictions or with special considerations or restrictions listed here:

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## Video and Photography Release

I hereby assign and grant to the local council 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 me, my family, and my guests at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, Pack and Troop 360, 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 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 the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

**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.**

Parent or Guardian's signature:

Date:

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(must be 18 or over)

First Names of each Family Member:

Last Name(s):

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**Boy Scouts of America requires the following information for each vehicle that will be used to transport your child to or from a Scouting event:**

<b>Car #1</b>			
Year / Make / Model:	Example: 2002 Ford Explorer XLE		
Owner's Driver's license state and number:	Example: CA N8998666		
Number of working seatbelts in vehicle:	Example: 5		
Every passenger will wear a seatbelt:	Yes	No	Select One
Vehicle owner's personal insurance:	per person	per accident	property damage
Example:	\$100,000	\$300,000	\$50,000

<b>Car #2</b>			
Year / Make / Model:	Example: 2002 Ford Explorer XLE		
Owner's Driver's license state and number:	Example: CA N8998666		
Number of working seatbelts in vehicle:	Example: 5		
Every passenger will wear a seatbelt:	Yes	No	Select One
Vehicle owner's personal insurance:	per person	per accident	property damage
Example:	\$100,000	\$300,000	\$50,000

<b>Car #3</b>			
Year / Make / Model:	Example: 2002 Ford Explorer XLE		
Owner's Driver's license state and number:	Example: CA N8998666		
Number of working seatbelts in vehicle:	Example: 5		
Every passenger will wear a seatbelt:	Yes	No	Select One
Vehicle owner's personal insurance:	per person	per accident	property damage
Example:	\$100,000	\$300,000	\$50,000

