

Cub Scout Pack 409 – Germantown, OH

Scout Information			
Last Name	First Name	Birthdate	
Street Address			
City	State	Zip Code	
Grade	Den		
Parent Information – Father			
Last Name	First Name		
Street Address (if different)			
City	State	Zip Code	
Phone (home)	Phone (cell)	Phone (other)	
Preferred E-mail			
Parent Information – Mother			
Last Name	First Name		
Street Address (if different)			
City	State	Zip Code	
Phone (home)	Phone (cell)	Phone (other)	
Preferred E-mail			
Emergency Contact Information (if other than a parent)			
Last Name	First Name		
Relationship to Scout			
Phone (home)	Phone (cell)	Phone (other)	

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Individuals Permitted to Transport Your Child (other than those previously listed.)		
Name	Phone	
Name	Phone	
Tour Plan Information		
Make of Vehicle	Model of Vehicle	Year
Do you have a valid driver's license?	Do you have auto insurance?	
Make of Vehicle	Model of Vehicle	Year
To Be Completed by an Approved Leader		
Training		
Youth Protection Training? Y/N If yes, please enter the date completed.		
BALOO Training? Y/N If yes, please enter the date completed.		
OWL Training? Y/N If yes, please enter the date completed.		
Buckskin Training? Y/N If yes, please enter the date completed.		
Parent Survey Completed? (Father) Y/N	Parent Survey Completed? (Mother) Y/N	
Medical Forms on File		
Scout Y/N	Father – Y/N	Mother – Y/N
Siblings – Y/N Name –		
Name –		