

FOR PACK USE ONLY

- Cub Scout Application
- Adult Leader Form
- Pack T-Shirt

FOR PACK USE ONLY

- Date Paid _____
- Check # _____
- Cash \$ _____

Cub Scout Pack 922
Pack Application

Scouts name: _____ Grade: _____

Scouts adult partner(s): _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Persons Name: _____

Phone Number: _____ Relationship to Scout: _____

PERMISSION TO ADMINISTER CARE

I, _____, Parent\Guardian of the above named Cub Scout hereby grant permission for Cub Scout Pack 922 its Committees, Den Leaders and volunteers to seek medical attention for my son should it become necessary. Further, I agree to hold harmless Cub Scout Pack 922, and its assigns, Soleado Elementary School, its staff and assigns from any action whatsoever arising from participation in Pack, Den or Social events during the course of the Cub Scout program.

ADULT PARTNER PROMISE OF PARTICIPATION

I, _____, Parent\Guardian of the above named Cub Scout agree to be an active participant in the Scouting program as offered by Pack 922.

X _____