**BSA TROOP 250**

**REGISTRATION FORM - SCOUT**

(Please Print)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s date: | | | | * ReCharter Scout New Scout\* Transfer Scout\*   *\*Require completion of current BSA Youth Application* | | | | | |
| **SCOUT INFORMATION** | | | | | | | | | |
| Scout’s Last Name: First: Middle: | | | | | Position of Responsibility: | | | | Age: |
| Street Address: | | | | Birth Date (mm/dd/yyyy)  / / | | | | Scout’s Home phone no.:  ( ) | |
| P.O. box: | City: | | | | State: | | | ZIP Code: | |
| Current Grade: | Current School: | | | | | Scout’s Cell phone no. (if applicable):  ( ) | | | |
| With whom does scout primarily live? (please check all that apply):   * Both Parents Mother (primary custody) Father (primary custody) Grandparent Step Parent * Joint Custody (primarily lives with Mother) Joint Custody (primarily lives with Father) Other \_ | | | | | | | | | |
| Is this Scout covered by  insurance? Yes No  *(attach 2 copies)* | | | Medical Forms Part A & B (2 Copies) submitted with this form Yes No  *\*Scout will not be registered with Troop 250 until new Medical forms Part A & B including copy of medical insurance card are submitted* | | | | | | |
| List other Siblings in Troop 250: | | | | | | | | | |
| Scout’s email address (*please print legibly*): | | | | | | | | | |
| **PARENT INFORMATION** | | | | | | | | | |
| Mother’s Name: | | Address (if different than scout): | | | | Mother’s Cell phone no.:  ( ) | | | |
|  | |
|  | |  | | | |  | | | |
| Mother’s email address *(please print legibly*): | | | | | | | | | |
| Father’s Name: | | Address (if different than scout): | | | | | Father’s Cell phone no.: ( ) | | |
| Father’s email address *(please print legibly*): | | | | | | | | | |
| **SCOUTING FEES**  (Scout will not be registered with Troop 250 until all fees are submitted) | | | | | | | | | |
| Full Payment Submitted:   * Cash Check Amount: $\_ | | Partial Payment Submitted:   * Cash Check Amount: $\_ Popcorn Sold Amount: $\_ \_ | | | | Eagle Scout.: Yes No  POR: \_ \_ \_ Scout Master Approval: Yes No | | | |

**ACKNOWLEDGEMENT**

I understand that my scout will not be registered with Troop 250 until all fees, new medical forms (parts A & B, 2 copies each) and insurance cards (2 copies) are submitted. Additionally, I understand that other scouting events will have additional fees that must be submitted at the time my scout registers for those activities. I also understand that my scout will pay dues to his patrol of $2 per month to be used for patrol activities.

*Parent/Guardian signature Date*