



Torrance Cub Scouts Pack 851

www.torrancecubscouts.org

20319 Tomlee Ave, Torrance, CA 90505

(310) 316-3600

2011-2012 Renewal

Dear Parents,

Thank you for your past support for Torrance Cub Scout Pack 851! We hope to keep your son involved this coming year as he matures with the Scouting program.

We have an exciting program for the coming school year: more fun events, more camping, and more leadership possibilities.

Here are a few highlights you will want to know about:

Pack Dues: The will fee will be \$85 for people who file before September 9, 2011. They will increase to \$90 after that, please file early. The fee includes your “Boys Life” magazine subscription and all your awards (belt loops, patches). If your family has a problem paying the full dues at the beginning of the year, please let us know so we can assist you.

Uniforms: Make sure that your son has and wears a complete uniform (hat, uniform shirt, neckerchief, neckerchief slide, official belt). We ask that boys wear either the official dark blue cub scout pants or shorts OR some other dark blue shorts or pants—blue jeans would be acceptable. Webelos may wear green shorts/pants with tan shirt. Boys should arrive at pack meetings in complete uniform with their shirts tucked in and looking neat. We maintain a uniform exchange. If you son has outgrown his uniform, please consider donating it. If you are in need of a slightly used uniform, please contact us. We ask for a small donation for the pack. Please NO shoes with wheels at Den or Pack events!

Our Class B T-shirts are acceptable for Den Meetings, hikes, camping, and other events as directed by Den Leaders. The T-Shirts are also available for leaders, parents and other scout supporters for \$10. Returning scouts should already have a Class B T-shirt. New scouts will have one included with their membership. Returning scouts may purchase a shirt, while supplies last.

Pack & Den Meetings: Pack Meetings continue to be at Victor School Cafeteria on the forth Wednesday of the month at 7:00 p.m. Exceptions include a combined Nov/Dec meeting in early Dec., Pinewood Derby held in early January on a Saturday and the Blue & Gold Dinner held in March. Dens will meet on a schedule set up by Den Leaders. We have lots of information on our web site including an event calendar. Go to www.torrancecubscouts.org for all the latest Pack information.

REMINDER: Parents may NOT drop their Scouts off for Pack meetings and Pack events. At least one parent or other adult must accompany and supervise the scout at these events. No exceptions. We need parental support to organize and run all events, please see your den leaders on how you can help! Thank you.

(Over)

Summer 2011 Scout Camping: We were unable to attend the half week “sleep over camp” program at Camp Pepperdine in Lake Arrowhead this summer. We will be offering these camps again in 2012. It’s important that your scout gets the opportunity to go to camp! More Adult Leaders will be needed next Summer for us to participate!

Outdoor Activities: We will again be sponsoring local hiking and other outdoor activities. We are going to try to have at least one outdoor activity available each month for the boys and the Scout families.

We need Volunteers! As always, your pack and den leaders cannot get all of this done without *the active participation of parents*. We need parents to help plan, set up and lead many of our events to have a successful year. Please let us know how you can help! This year we need committee positions as well. The time commitment is small, but the rewards are great. Please talk to your Den Leader about how you can help. We can’t do it without you! As I indicated last year, this is a transition year for the Pack with a large number of families graduating, we need new volunteers at many positions.

WE NEED LEADERS for the new incoming First, Second and Third Graders! If you have a child who is joining Scouts this year, PLEASE consider being a co-leader for these groups! If you know someone with a First, Second or Third Grader, please let us know so we can speak to them about joining! We cannot have dens for this age group with out TWO Leaders!

As a renewing Cub Scout family, please complete the enclosed 2011-2012 Pack registration packet, if there is any new contact information on your family please indicate this by circling “new info” at the top of the Membership Form . If you have a boy who is NEW to the pack, you will also need an official Cub Scout Application as well (not necessary for boys already registered in the pack). We need you to complete and sign the official Boy Scout Health forms (parts A & B). No visit to the doctor is required. We also need you to complete the Permission to Participate—with a copy of your health insurance information. We also need to collect a drivers list of any parent that may drive a child to any event. Please complete this form as well . We also request that you complete a Parent Talent Survey! All forms are included in this package.

Please mail or drop your registration forms along with your \$85 dues per scout (payable to Cub Scout Pack 851) to “Torrance Cub Scouts, 20319 Tomlee Ave, Torrance, CA 90503” by September. 10th. We want all returning Cubs information well in advance of our first meeting—which should be September 28th at 7PM at Victor. This needs to be confirmed with TUSD! Please check the website regularly as there will be lots of updates in the near future!

If you have any questions, please feel free to email or call! Thank you for your continued support of Cub Scouts!

Sincerely,

Dayna Mackintosh
Committee Chair

Kevin Mackintosh
Cubmaster



Torrance Cub Scouts Pack 851

www.torrancecubscouts.org

20319 Tomlee Ave, Torrance, CA 90505

(310) 316-3600 **New Information**

2011-2012 Membership Form

(if you have a NEW scout, please complete the official Cub Scout form also. Thank you.)

Scout Name 1: _____ Birthday: _____

Scout Name 2: _____ Birthday: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____

Email Father: _____

Email Mother: _____

Father's Name: _____

Mother's Name: _____

Home Telephone: _____ Alt/ Cell.— Mother/Father _____

Scouting Level for this year:

Scout 1

- Tiger Cub (first grade)
- Wolf (second grade)
- Bear (third grade)
- 1st Year Webelos (fourth grade)
- Senior Webelos (fifth grade)

Scout 2

- Tiger Cub (first grade)
- Wolf (second grade)
- Bear (third grade)
- 1st Year Webelos (fourth grade)
- Senior Webelos (fifth grade)

Photo Release: Our pack utilizes photos of our activities and scouts on our web site and other promotional material. Do you give the pack permission to use your son's photo on these materials? Yes ___ No ___

Parent Signature: _____

2009-2010 Dues:

_____ Scouts @ \$85 each for a total of: \$ _____ **(After Sept. 9th fee is increased to \$90)**

_____ Additional T-shirts @ \$10 each for a total of \$ _____

Grand Total Enclosed: \$ _____ (payable to Cub Scout Pack 851)

For Pack Use: -----

\$ _____ Total received. Received by _____

_____ Check Number or ___ Cash

NEW: You MUST complete the health form that follows.

If you have more than one scout, fill out a form for each. Thank you.

Annual BSA Health and Medical Record Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
Address _____ Grade completed (youth only) _____
City _____ State _____ Zip _____ Phone No. _____
Unit leader _____ Council name/No. _____ Unit No. _____
Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. 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, includes 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, 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.

Without restrictions.

With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

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 or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, 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.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

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.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____

(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____

Name of Scout: _____

Address: _____

Phone: Home _____ Mother Cell _____ Father Cell _____

*Valid
Sept.2011-
Dec.2012*

Cub Scout Pack 851 Boy Scouts of America

Permission to Participate in Scouting Activities

Overall Pack Activities

1. The above named scout has my permission to participate in all activities of Cub Scout Pack 851, Pacifica District, Los Angeles Area Council, Boy Scouts of America. This is to include but not limited to all: summer camps, campouts, outings, hikes, canoe trips, swims, fundraisers or any other functions while under the supervision of Pack 851 volunteer leaders. He is also fully capable of participating in all activities unless specified elsewhere on this document.
2. In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and well-being of my son, I hereby agree to his full active participation in the total Pack 851 activity program.
3. On behalf of myself and my minor child, I release, agree to hold harmless, and waive all claims, liability, and expenses against the leaders of this Pack and officers, agents, and representatives of the Boy Scouts of America arising from my child's use of or participation in the facilities, programs and activities of Pack 851, except as provided in our Pack's basic insurance coverage as provided by Los Angeles Area Council.

Consent for First Aid

1. I understand that the volunteer Pack leaders and parent volunteers may from time to time perform simple first aid procedures in the event of minor injury or illness of my child. This is to include giving the above named individual Tylenol, Ibuprofen, Aspirin, or various topical ointments for headaches and common aches & pains including contact with plants or insects.
2. In case of major accident, injury, or illness requiring emergency medical care, I authorize volunteer Pack leaders and parent volunteers to secure for my child any necessary and available medical treatment. ****Please attach a copy of your health insurance card to this document.****

Photography/Information Consent

1. Photographs are often taken at Pack activities. I give my permission for my child's photograph to be used in the Pack's web site and in local newspaper articles, in accordance with the Pack's privacy policy.
2. I give permission for our name, address, phone numbers, e-mail address, etc., to be distributed to Pack members and leaders listed in the Pack roster.

Activity Limitations

- My child may not participate in the following activities. List limitations: _____

Allergies

- My child has known allergies. List allergies: _____

Prescription Medicine

- My child takes prescription medication.

List medication: _____

Emergency Contact Information: If applicable, person other than parent to contact in case of emergency:

Name: _____ Phone: _____

Address: _____

Parent/Guardian Agreement:

By signing I have read this permission slip, understand the contents, and I agree to be legally bound by its terms. Any exceptions to this blanket permission, or any health changes (including emergency contacts), are the express responsibility of the parent or guardian. I understand that I may revoke or amend this permission at any time by submitting a written statement to the Pack 851 Cubmaster.

Name (printed): _____

Address: _____

Signature: _____ Date: _____

PARENT AND FAMILY TALENT SURVEY SHEET

Each parent or adult family member should fill out a separate sheet and turn it in at this meeting.

Pack _____ Chartered Organization _____ Date _____

Welcome to the Cub Scout family of our pack. As explained to you, Cub Scouting is for parents as well as boys. We have a fine group of families who have indicated a willingness to help, according to their abilities. We invite you to add your talents and interests so that the best possible program can be developed for your boy and his friends.

Den leaders are always busy with den activities. Our pack leaders and committee members know you have some talent that will help in the operation of our pack. Although your help may not be on a full-time basis, whatever you can do will be appreciated.

In making this survey, your pack committee wants to uncover ways you can enjoy giving assistance. Please answer the following as completely as possible:

1. My hobbies are: _____

2. I can play and/or teach these sports: _____

3. My job, business, or profession would be of interest to Cub Scouts: _____

4. I am willing to help my boy and the pack as: pack committee member, Cub Scout den leader or assistant, Tiger Cub coach, assistant Cubmaster, Webelos den leader or assistant, Cubmaster.

5. My Scouting experience: Cub Scout _____ Boy Scout _____ Girl Scout _____

Explorer _____ Rank attained _____

Adult leader _____

6. I can help in these areas:

General Activities

- Carpentry
- Swimming
- Games
- Nature
- Sports
- Outdoor activities
- Crafts
- Music/songs
- Bookkeeping

- Typing
- Drawing/art
- Radio/electricity
- Dramatics/skits
- Cooking/banquets
- Sewing
- Transportation
- Other _____

Special Program Assistance

- I have a station wagon or van or truck.
- I have a workshop.
- I have family camping gear.
- I can make contacts for special trips and activities.
- I have access to a cottage or camping property or a boat.
- I can help Webelos Scouts with Boy Scout skills.
- I can, or know others who can, help with our Cub Scout Sports and Academics program.
- I can give other help. _____

Webelos Activity Areas

- | | | |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Aquanaut | <input type="checkbox"/> Family Member | <input type="checkbox"/> Readyman |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Fitness | <input type="checkbox"/> Scholar |
| <input type="checkbox"/> Athlete | <input type="checkbox"/> Forester | <input type="checkbox"/> Scientist |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Geologist | <input type="checkbox"/> Showman |
| <input type="checkbox"/> Communicator | <input type="checkbox"/> Handyman | <input type="checkbox"/> Sportsman |
| <input type="checkbox"/> Craftsman | <input type="checkbox"/> Naturalist | <input type="checkbox"/> Traveler |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Outdoorsman | |

Name _____ Home phone _____

Street address _____ Business phone _____

City _____ State _____ ZIP _____

Your cooperation and help are appreciated.

Pack 851 Drivers List

B.S.A. carries an insurance policy for drivers on Scouting events, but we must register our drivers to be covered by B.S.A.'s insurance policy. Please complete the following information:

Driver Name(s): Mother _____ Father _____

Drivers license number(s): Mother _____ Father _____
[BSA requirement. This information will be kept confidential.]

Cell Phone Number(s): Mother _____ Father _____
[Helps us communicate with other drivers when we are on pack outings.]

Make, Model and Year of Vehicle 1: _____

Make, Model and Year of Vehicle 2: _____

Number of seats (including driver): Vehicle 1 _____ Vehicle 2 _____

Does each seat have a seat belt? Y / N (If "no", please indicate how many seats have a seat belt)

Insurance Coverage:

Personal Liability: _____

Accident Liability: _____

Property Damage: _____

(Example: 100,000/300,000/50,000)

When completed, please return to Kevin Mackintosh, Terry Grimsley or your den leader.

This information is now a required part of what the Pack must collect if you wish to attend off site events

(Campouts, off site events, Go See Its, etc.)