

## BSA Troop 432 Recharter Form – Scout/Crew

Check should be made out to BSA Troop 432. Please indicate that the check is for 2012 Recharter and Dues.  
(Scout Only: \$27.00 for recharter / \$63.00 for troop dues / \$90.00 total)  
(Crew Only: \$27.00 for recharter / \$63.00 for crew dues / \$90.00 total)  
(Scout & Crew: \$37.00 for recharter / \$63.00 for troop/crew dues / \$100.00 total)

### Scout Information (Please Print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Scout transferring from Pack/Troop: \_\_\_\_\_

### Parent Information / Mother (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

### Parent Information / Father (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

### Alternate Emergency Contact Information (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

**Recharter Form – Scout** (page 2)

**General Information** (Please Print)

Check all items that apply, **past or present**, to your health history.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADHD              | <input type="checkbox"/> Convulsions / Seizures | <input type="checkbox"/> Hemophilia          |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Cancer / Leukemia | <input type="checkbox"/> Heart Trouble          | <input type="checkbox"/> Kidney Disease      |

Please explain any checked history:

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List any medications to be taken at camp:

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List any physical or behavioral conditions that may affect or limit full participation in swimming, back packing, hiking long distances, or playing strenuous physical games.

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Check any equipment needed:

- |                                       |                                 |                                  |   |
|---------------------------------------|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> Wheelchair   | <input type="checkbox"/> Braces | <input type="checkbox"/> Glasses | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Other: _____ |                                 |                                  |   |

**Immunizations:**

Last Inoculation / Tetanus Toxoid: \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted within. In case of emergency, I understand that every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the unit leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me if participant is an adult).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Payment Method:  Check /  Cash | Data updated in TM: \_\_\_\_\_