

# Cub Scout Registration Instructions

*Cub Scouts must be registered each year.*

*All parts of the registration package must be completed in full except where otherwise indicated.*

- 1) CUB SCOUT REGISTRATION FORM
- 2) Signed Parent/Guardian Promise and Signed Vehicle Use Statement
- 3) Boy Scouts of America Youth Application. (Form provided separately)  
*Scouts returning to the same pack **and** who live at the same address do **not** need to fill out a national registration form*
- 4) BSA ANNUAL HEALTH AND MEDICAL RECORD FORM - Part A and Part B.  
***Note that a photocopy (front and back) of your health insurance card is required. Immunization dates are required or you can attach a copy of the immunization record from your physician.***  
*Please use the current version of the form which can be found at [https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001\\_AB.p](https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001_AB.p) . This is a "typeable" PDF. Download it, fill it out and save the filled out form for you to print any time that you need one.*

5) Family Talent Survey Sheet

6) Registration Fee:

Registration Fee (per Cub Scout) ...	\$80 (\$50 for Lions)
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Optional: Boy's Life Magazine.

12 Month subscription (scout discount of 50% off cover price)	\$12
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Please make checks payable to the pack where you are registering, either "PACK 190"

No Cub Scout should be excluded for financial reasons. Should your family require assistance please contact a pack leader to discuss.

**Please return completed forms to a Den or PACK leader or send to:**

Pack 190  
c/o Steve Kallessen  
25 Hillside Drive  
Clinton, NJ 08809  
908-713-6715  
steve@gracieharridan.com  
[puravida3@aol.com](mailto:puravida3@aol.com) (Trish)  
[www.pack190hunterdonnj.org](http://www.pack190hunterdonnj.org)



**Boy Scouts of America**  
**Washington Crossing Council**  
Cub Scout Packs 190  
*Sponsored by Immaculate Conception Church*  
**CUB SCOUT REGISTRATION FORM**  
(Double-sided!)

**Cub Scout's Name:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Alt. Email (Optional):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alt. Phone (cell/other):** \_\_\_\_\_

**T-shirt size:** YM YL AS AM AL



**My son is:** Reason for preference (if any): \_\_\_\_\_  
☐ A New Scout **or** New to the PACK  
☐ Current Scout Returning to the Same PACK

**Rank:** ☐ Lion (Kindergarten) ☐ Tiger (Grade 1) ☐ Wolf (Grade 2)  
☐ Bear (Grade 3) ☐ Webelo (Grade 4) ☐ Arrow of Light (Grade 5)

Pack Fee: \$ 80/year (or \$50 for Lions) Add \$12 if you would like a 12 month subscription to *Boy's Life Magazine* (50% off regular subscription rate) (Total \$84). Make check payable to "Pack 901".

**Boys Life Magazine** (if YES, did you add \$12 to your check?): Yes No

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**For Registration Committee Only:**

Boy's Life Magazine included? Yes No Recorded: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash **(A receipt must be issued for cash received)**

## Parent/Guardian Promise

As a parent or guardian of a Cub Scout:

I understand that the PACK is run entirely by volunteers and that each year I will be required to volunteer in a significant capacity as a pack/den leader or in leading a scouting event. I have submitted the Pack Volunteer Interest Assessment.

I acknowledge Cub Scout events and activities are funded by my registration fee AND a combination of event fees and fundraising activities. I will participate in the fundraising activities that allow the pack to operate during the year.

I understand that I have an important role to help guide my son through the Cub Scout program and will accompany him to pack/den meetings and work with him throughout the program.

Signed: \_\_\_\_\_  
(parent/guardian)

Date: \_\_\_\_\_

## Vehicle Use Statement

I understand that all vehicles used for Cub Scout activities must be operated in accordance with local and state laws, must have working seat belts for all passengers, and the vehicle must be registered and insured for at least \$50,000 each person, \$100,000 each accident, and \$50,000 property damage.

Please provide information related to the vehicle you plan to use for Cub Scout activities.

Owner's Name: \_\_\_\_\_

Valid Driver's License (owner): \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

Passenger Capacity: \_\_\_\_\_ (limited by the number of working seat belts)

Are the insurance coverage limits for this vehicle at least: (Circle) **Yes** **No**

- a. \$50,000 each person / \$100,000 each accident / \$50,000 property damage, or
- b. \$100,000 combined single limit

Signed: \_\_\_\_\_  
(parent/guardian)

Date: \_\_\_\_\_

Note: Having this vehicle and driver information on file allows us to obtain tour permission and insurance coverage from the Bucks County Council for outings and events that occur at places different from our regular meeting place without having to collect this information each and every time we have an event.