



Pack 90 - Pocono Pines, PA
Minsi Trails Council, BSA

CUB SCOUT
INFORMATION FORM

Cub Scout's Name: _____ Grade: _____

Cub Scout's Nickname: _____ Birth date: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Phone: _____ Text (Y/N)? _____

Parent/Guardian 1 Email Address: _____

Parent 1 preferred
contact method (circle)

Text E-Mail

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Phone: _____ Text (Y/N)? _____

Parent/Guardian 2 Email Address: _____

Parent 2 preferred
contact method (circle)

Text E-Mail

My child is allergic to/should not eat: _____

Any medical concerns or anything else we should know about your child? _____

Name and Contact information for people who can also pick up my child:

This information is correct and current as far as I know. If this information changes, I will complete a new form.
My child has permission to participate in pack and den activities with the following exceptions: _____

Parent Name: _____ Parent Signature: _____

Date: _____

I give permission for my child's photograph to be used in pack publications including the pack website, promotions materials, parent information, and social media. The pack will do its best to only take pictures that reflect the ideals of Scouting, and pictures will only be used if they show my son in a positive light. I also agree to limit the sharing of pictures that I take of pack activities to ones that show my son and others positively.

Parent Name: _____ Parent Signature: _____

Date: _____