

Add New Scout



Personal #1 Personal #2 Parents Alt Relative Prior Service Remarks/Other

*Last: *First: Initial: Suffix:
 Photo... Nickname: Sex: Male Female

*Address:
 Mailing Address: (if different)
 *City: Opelika *ST: AL City: ST:
 *Zip: 36801 Country: US Zip: Country: US

*Family Home Phone: A/Code Number Ext
 Other 334
 Cellular 334
 *DOB: SSN:
 *Grade:
 School:
 Email:

Joined Unit: Cub Scout From: To: Highest Badge: Boys Life

OK Link Sibling Cancel Help

Add New Scout



Personal #1 Personal #2 Parents Alt Relative Prior Service Remarks/Other

Medical
 Emergency Contact: Phone: Health form on file
 Doctor: Phone:
 Insurance: Policy:
 Allergies:
 Other:
 Special Needs: Description...

Physical
 Class 1:
 Class 2:
 Class 3:

Family Vehicles

Year	Make	Model	# Belts	Plate:	Insurance (in thousands)		
					Per Person	Accident	Property
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: To avoid duplication on reports, you should not list the same vehicle information in both the scout and adult areas of the program.

OK Link Sibling Cancel Help

Add New Scout



Personal #1 Personal #2 **Parents** Alt Relative Prior Service Remarks/Other

*Relation: *Last: *First:
 Guardian Sex: Male Female Link To: Adult POC MBC

Phone(s): A/Code Number Ext SSN:
 Primary: 334 Drivers Lic: ST:
 Work Phone 334 Employer:
 Other 334 Occupation:
 Email: Occ. Type:

*Relation: *Last: *First:
 Guardian Sex: Male Female Link To: Adult POC MBC

Phone(s): A/Code Number Ext SSN:
 Primary: 334 Drivers Lic: ST:
 Work Phone 334 Employer:
 Other 334 Occupation:
 Email: Occ. Type:

OK Link Sibling Cancel Help

Add New Scout



Personal #1 Personal #2 Parents **Alt Relative** Prior Service Remarks/Other

*Relation: *Last: *First: Sex: Male Female Link To: Adult POC MBC
 Guardian Spouse:

*Address:
 *City: *ST:
 *Zip: Country:

Mailing Address:
 (if different)
 City: ST:
 Zip: Country:

A/Code Number Ext SSN:
 *Home Phone: 334 Drivers Lic: ST:
 Work Phone 334 Employer:
 Cellular 334 Occupation:
 Pager 334 Occ. Type:

Email:

Remarks:

Year Make Model # Belts Plate: Insurance (in thousands)
 Vehicle: Per Person Accident Property

OK Link Sibling Cancel Help