

Troop 606

Scout Personal Data Collection Form

Spring 2004

Name: _____ Nickname: _____
 BSA ID#: _____

Sex: M / F

Address: _____ Mailing: _____

Phone(s) Home: (____) _____ DOB: __/__/__
 Cell: (____) _____ Grade: _____
 Pager: (____) _____ School: _____

Email: _____

Joined Unit: __/__/__ Cub Scout: __/__/__ - __/__/__ Highest Cub Badge: _____
 Boys Life: Y / N

Health form on file: Y / N

Emergency Contact: _____ Phone: (____) _____ Class 1 Phys: __/__/__

Doctor: _____ Phone: (____) _____ Class 2 Phys: __/__/__

Insurance: _____ Policy: _____ Class 3 Phys: __/__/__

Allergies: _____

Other: _____

Prior Scouting Experience:	From	To	Level	Unit #	Council #
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____
	__/__/__	__/__/__	_____	_____	_____

Father: _____
 Nickname: _____
 Guardian: Y / N

Mother: _____
 Nickname: _____
 Guardian: Y / N

Phone(s) Work: (____) _____
 Cell: (____) _____
 Pager: (____) _____

Phone(s) Work: (____) _____
 Cell: (____) _____
 Pager: (____) _____

Email: _____

Email: _____

Remarks:

Please fill as much information as possible. This information is kept in the Troop Master database and is for BSA purposes only.