

# Bermuda Scout Association

## Application Form

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Name:  D.O.B:

day / month / year

Address:

School:

Cub Scouts   
Scouts   
Explorers

Home Phone:

Unit Number

Mother:

Work#:

Interested in becoming a leader

Cell #:

E-Mail:

Father:

Work#:

Interested in becoming a leader

Cell #:

E-Mail:

Preferred e-mail address for correspondence:

Emergency contact and number:

Medical / Behavior / Allergy issues:

Treatment for medical issues:

Doctor:

Contact Number:

It is important that we are kept informed any medical/behavior/allergy issues that can affect your Scout in the event that something happens during pack meeting or on a field trip. This information is kept secure and not given out without prior permission.