

Troop 97 Personal Data Collection Form

Scout Information					
Last Name		First Name		Middle Name	
BSA ID #		Nickname (if any)	School		Grade
Home Address		Mailing Address (if different)			
Personal Email Address (if any)		Date of Birth	Non-Parental Emergency Contact (Name, Phone, Relationship)		
Home Phone		Cell Phone		Physician (Name, Phone, Practice Name)	
Date Joined T97	Cub Scout Membership Dates (From and To) (if applicable)	Highest Cub Badge and date Arrow of Light awarded (if applicable)		Current Boys Life Subscription? (Y/N)	
Prior Boy Scout Membership? (From and To dates, Unit #, Council, rank)		Medical/Behavioral Alerts (Allergies, mandatory medications, behavioral conditions, disabilities)			
Medical Insurance Information (Company, policy #, membership #, claims phone #)					
Parental Information					
Father:			Mother:		
Address:			Address:		
Email Address(s)			Email Address(s)		
Work Phone			Work Phone		
Cell Phone			Cell Phone		
Other Phones (identify)			Other Phones (identify)		
Drivers License #/State			Driver's License #/State		
Employer			Employer		
Occupation			Occupation		
Significant Other (if applicable)			Significant Other (if applicable)		