



## Baden-Powell Service Association Youth (Timberwolf and Pathfinder) Membership Form

Please complete this registration form and sign and date the "Medical Release and Liability Waiver Form". Send both forms plus your yearly dues payment of \$10.00 to the following address: Baden-Powell Service Association, 3104 Larrynell Dr. Ceres, CA 95307

Type of Registration?  1 Year (US \$10.00)

### Parent/Guardian Information

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

### Scout Information

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Registered in another Scouting organization?  Yes  No

### Scout Group/Section Information

The Scout Group is a number designator and a descriptive name, e.g. *1st Lone Scouts*, *4th Charter Oak*, etc. When joining an existing Scout Group, ask the GSM or another member for the Scout Group name. To see existing Scout Groups, visit <http://bpscouting.org>.

Scout Group Name: \_\_\_\_\_

Which Section?  Timberwolf (Pack, ages 8-10)\*\*  Pathfinder (Troop, ages 11-17)

Group Scoutmaster: \_\_\_\_\_

Pack/Troop Leader: \_\_\_\_\_

\*\* Timberwolf Packs have the option of including the 5-7 age group.

## Background Information (for Parents/Guardians)

We'd like to know about your Scouting experiences and background for future reference.

What is your occupation?: \_\_\_\_\_

Are you registered in another Scouting organization?  Yes  No

Are you an invested Rover Scout?  Yes  No

Are you Woodbadge trained?  Yes  No

Number of wood beads?  1  2  3  4

## Membership Pledge (Youth)

I hereby apply for membership in the Baden-Powell Service Association.

\_\_\_\_\_  
Scout (youth) Signature

\_\_\_\_\_  
Date

## Membership Pledge (Parent/Guardian)

I hereby admit to being the parent and/or legal guardian for the above registering Scout and consent to his/her joining the Baden-Powell Service Association. I have also read and signed the "*Medical Release and Waiver of Liability Form*", and will provide it along with this application.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The BPSA and this local BPSA organization would also like permission to photograph and video record various activities that will include your new scout. Please check the appropriate box below to let us know.

I authorize the BPSA and this local unit to use photos or videos of my child  Yes  No