

*****Cub/Parent Personal Data*****

Name: _____

Home Address: _____

Phone: _____

Cub Email: _____

Mailing Address: _____

(if different) _____

Date of Birth: ____/____/____

Date of Last Physical: ____/____/____

Medical Alert: _____

Health Insurance: _____ Policy Number: _____

Cubs Doctor: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell Phone: _____

School: _____ Church: _____

Current School Grade: _____ Joined Pack: ____/____/____

Became a Cub Scout: ____/____/____ Received Arrow of Light: ____/____/____

Dad's Employer: _____ Ph: _____ Ext: _____

Cell Phone: _____ Fax: _____

Dad's Driver License: # _____ **D.O.B.:** ____/____/____

Email: _____

Mom's Employer: _____ Ph: _____ Ext: _____

Cell Phone: _____ Fax: _____

Mom's Driver License: # _____ **D.O.B.:** ____/____/____

Email: _____

Vehicles you would transport Cubs in on campouts or trips

Year: _____ Make: _____ Model: _____ Passengers: _____ (including driver)

Year: _____ Make: _____ Model: _____ Passengers: _____ (including driver)

Vehicle Insurance Coverage: ____/____/____

(min. liability & medical are 50k/100k/50k)