VARSITY SCOUT APPLICATION

As a Varsity Scout I will meet the obligations of living by the Scout Oath or Promise and will regularly attend all meetings and activities of my Varsity Scout team.

WEAR VARSITY SCOUTING'S UNIFORM WITH PRIDE!

The Varsity Scout uniforms are:
- The official field uniform of the Boy Scouts of America with distinctive blue color shoulder loops.
- The activity uniform
  - Tan sport shirt
  - Tan shorts
  - White crew socks
  - Either or both uniforms (team option), may be worn. The Varsity Scout jacket may be worn with either uniform.

THE SCOUT LAW
"A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, and reverent."

SCOUT OATH OR PROMISE
On my honor I will do my best
To do my duty to God and my country
And to obey the Scout Law;
To help other people at all times;
To keep myself physically strong, mentally awake, and morally straight.

Name

Varsity Scouts registering in a troop also must file the Boy Scout Application, SC-294-54.
A Message to Parents. Varsity Scout registration fee is $7.00 for 1 year, which includes an agreed-upon payment to the United States Foundation for International Scouting in support of BSA World Scouting commitments.

Boys' Life is the monthly magazine of the Boy Scouts of America. It will help your son in Scouting and stimulate his interest in good reading. Its subscription rate is only $7.50 a year. But the regular subscription price is just double that amount. Please consider and remit the appropriate state and local taxes. On late registrations it may be necessary to deliver back issues.

TEMPORARY MEMBERSHIP CERTIFICATE (Good for 60 days)

This certifies that

is a member of Varsity Scout Team

[Signature]

The uniform is part of being a Varsity Scout. Show this membership certificate to your Scout Distributor when purchasing your uniform.

BOY SCOUTS OF AMERICA
Welcome to the Boy Scouts of America!

Your child is joining more than four million members of the Boy Scouts of America. Please take the time to review this material and reflect upon its importance.

The BSA and the Chartered Organization

The Boy Scouts of America makes Scouting available to our nation's youth by chartering community organizations to operate Cub Scout packs, Boy Scout troops, Varsity Scout teams, and Explorer posts. The chartered organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of the BSA. The BSA local council provides unit leader training, program ideas, camping facilities, literature, professional guidance for volunteer leaders, and liability insurance protection.

Scouting's Volunteers and You

Scouting's adult volunteers provide leadership at the unit, district, council, and national levels. Many are parents of Scouts; many entered Scouting as youth members. Each chartered organization establishes a unit committee, which operates its Scouting unit, selects leadership, and provides support for a quality program. Most unit committees depend on parents for membership.

The unit committee selects the Cubmaster, Scoutmaster, Varsity Scout Coach, or Explorer Advisor, subject to approval of the head of the chartered organization or the chartered organization representative. The unit leader must be a good role model because our children's values and lives will be influenced by the leader. You need to know your child's unit leader and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Scouting uses a fun program to promote character development, citizenship training, and personal fitness for every member. You can help by encouraging perfect attendance, assisting with your child's advancement, attending meetings for parents, and assisting with transportation.

Program Policies

Chartered organizations agree to use the Scouting program in accordance with their own policies as well as those of the BSA. The program is flexible, but major departures from BSA methods and policies are not permitted. As a parent, you should be aware that:
Leadership is restricted to qualified adults who subscribe to the Declaration of Religious Principle, the Scout Oath, and the Scout Law.

Citizenship activities are encouraged, but partisan political activities are prohibited.

Military training and drill are prohibited. Marksmanship and elementary drill for ceremonies are permitted.

The Boy Scouts of America recognizes the importance of religious faith and duty; it leaves religious instruction to the member's religious leaders and family. Members who do not belong to a unit's religious chartered organization shall not be required to participate in its religious activities.

Except for squad activities where adults are not required, two registered adult leaders or one registered adult leader and a parent of a participant, who must be 21 years of age or older, are required on all trips and outings. If activities are coeducational, leaders of both sexes must be present.

Corporal punishment and hazing are not permitted. Parents and unit leaders must work together to solve discipline problems.

One-on-one activities between youth members and adults are not permitted; personal conferences must be conducted in plain view of others.

If you suspect that anyone in the unit is a victim of child abuse, immediately contact the Scout executive, who is responsible for reporting this to the appropriate authorities.

All Scouting activities are open to parental visitation. There are no "secret" organizations within the Boy Scouts of America.

Thank You!

The Boy Scouts of America appreciates your taking time to become familiar with Scouting. We feel that an informed parent is a strong ally in delivering the Scouting program. Help us keep the unit program in accord with Scouting principles. Alert the unit committee, chartered organization representative, and head of the chartered organization to any major deviations. And be prepared to do your fair share to support a quality unit program.
# Varsity Scout Application

**Please print one letter in each space—press hard; you are making three copies. Leave space between first name and initial.**

**Boy’s first name and initial:**

**Last name:**

**Address—street or R.F.D.:**

**Boys’ Life:**

**Date of birth:**

**Additional address information (if needed):**

**City:**

**State:**

**ZIP code:**

**I have read the attached information sheet and approve this application:**

**Signature of parent or guardian:**

**Parent’s name:**

**Occupation:**

**Employer and business address:**

**Home telephone number:**

**Date:**

**Previous Scouting experience:**

## FOR TEAM USE

**Registration fee:**

**Boys’ Life fee:**

**Term (months):**

**Unit Renewal Date:**

**Month:**

**Year:**

**Team Coach’s signature:**

## FOR COUNCIL USE

**Transfer from:**

**Council:**

**Nat’l. Unit No.:**

**Member ID No.:**

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**Rank—Check one:**

- (N) Boy Scout
- (S) Star
- (T) Tenderfoot
- (L) Life
- (2) Second Class
- (E) Eagle
- (1) First Class

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*Varsity Scouts registering in a troop should use the Boy Scout Application, No. 28-209.*

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**If applicant has an expired membership certificate, registration may be accomplished in this unit by paying $1 for processing the transfer. Check the box and attach the certificate. It will be returned by the council.*
Class 1 Personal Health History
(Update annually, using form No. 34414.)

PLEASE PRINT. DO NOT WRITE THROUGH CARBONS.

Identification: To be filled out by parent or guardian. Please print in ink

Name __________________________________________ Date of birth ________ Ago

Name of parent or guardian _________________________ Telephone ____________________

Home address __________________ City __________________ State ______ ZIP ______

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants  Yes ! No  Explain:

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List any medications to be taken at camp: __________________________________________

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Immunizations (give date of last inoculation):

- Tetanus toxoid
- Pertussis
- Mumps
- Polio
- Diphtheria
- Measles
- Rubella

Name of personal physician __________________________________________ Telephone ________

Personal health/accident insurance carrier __________________________________________ Policy No.

Parent Authorization:
This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature __________________________________________ Date ___________

Parent or guardian