Troop 59 Scout Personal Data   Date: _____

Scout Name: _____   Scout BSA ID#: _____
                                    Gender: MALE

Scout Home Address: _____   Scout Mailing Address: _____
                    _____   _____

Scout Home Phone: _____   Date of Birth: _____
Scout Mobile Phone: _____
Other Phone _____: _____   Current Grade: _____
Scout Email Address: _____   School: _____
                                             Church: _____

Joined Troop: ___/___/___   Boys' Life: ☐Yes ☐No

Cub From: ___/___/___   Cub To: ___/___/___   Highest Cub Badge: _____

Patrol: _____   BSA Swimming Level: ☐Non Swimmer
                                                            ☐Beginner
                                                            ☐Swimmer

Leadership Position: _____   Position Date: ___/___/___

Health Form on File: ☐Yes ☐No   Date
Emergency Contact(s): _____ Phone: _____ Health Form A: ___/___/___
                      _____ Phone: _____ Health Form B: ___/___/___
Doctor: _____   Phone: _____ Health Form C: ___/___/___
Insurance: _____   Phone: _____ Health Form D: ___/___/___
Insurance Policy: _____   Group: _____ Tetanus: ___/___/___
Medications: _____
Allergies: _____
Other: _____
       _____
Remarks: _____

Father: _____   Mother: _____
Work Phone: _____   Work Phone: _____
Mobile Phone: _____   Mobile Phone: _____
Other Phone   Other Phone
(specify) _____: _____   (specify) _____: _____

Driver's License # / State: _____   Driver's License # / State: _____
Employer: _____   Employer: _____
Occupation: _____   Occupation: _____
Occupation Type: _____   Occupation Type: _____

Vehicle(s) (year/make/model)	# Seat Belts	License Plate #	Tow Hitch (Y/N)	Insurance (in thousands)		
				Per Person	Per Accident	Property
				$	$	$
				$	$	$
				$	$	$