

**BEIJING CUB SCOUT  
PACK 3944 PACK ROSTER FORM**

**CUB SCOUTS IS A VOLUNTEER RUN ORGANIZATION.  
PARENTS ARE REQUIRED TO VOLUNTEER TO HELP RUN THE PROGRAM.**

**Cub's name:** \_\_\_\_\_ Date of Birth: Y \_\_\_\_\_ M \_\_\_\_ D \_\_\_\_\_

Check one:     New Scout                       Renewal

If returning, please provide name of most recent den leader: \_\_\_\_\_

This year, my child will be a:     Lion    Tiger    Wolf    Bear    Webelos I    Webelos II

**Contact info:**

School: \_\_\_\_\_ Grade at Fall 2018 (US equivalent): \_\_\_\_\_

Nationality: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Mobile \_\_\_\_\_ Email: \_\_\_\_\_

Mom's name: \_\_\_\_\_ Mobile \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Internal Only:**

- BSA Application
- Roster Form & Health
- Passport & Visa
- Fee (1200 RMB)

Received by: \_\_\_\_\_ (Print Name)

**Boy Scouts of America Pack 3944 Beijing  
Informed Consent & Release Agreement**

Cub Scout (or Adult Volunteer) name \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

**Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Pack 3944 activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, Pack 3944, the activity coordinators, and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on the Annual Health and Medical Record with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting and Troop activities.

In case of an emergency involving my child, or me, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the Pack 3944 adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the Pack 3944 adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

**Indemnification**

The undersigned parent or guardian further agrees to completely indemnify the Boy Scouts of America Pack 3944 Beijing for any expenses or liabilities incurred as a result of any injury or other loss to the Cub Scout including, without restricting the generality of the foregoing, the costs of emergency services. The undersigned hereby grants this release on behalf of the Cub Scout and in his or her own behalf. The undersigned further represents that he/she has read and understands this Informed Consent and Release Form and has full authority to execute this release.

**Website and Photographs**

Pack 3944 Beijing has developed a general public access website that highlights the activities of Pack 3944, lists events and activities, and in general, serves as a public relations medium for the Pack. The website includes photographs of Pack 3944 Cub Scouts, leaders and volunteers engaged in Troop activities and events.

I hereby assign and grant to Pack 3944, the local council, and the Boy Scouts of America, the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

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