



**Welcome to
Troop 531**

***Be A Legend
Leave A Legacy***



New Scout Checklist

Please return the following items to the Troop Registrar

- _____ Completed Youth Membership Application (register online at: aztroop531.org/register)

- _____ Annual Health and Medical Record (Parts A, B, and C) *Part C requires a doctor physical and is ONLY needed each year before any camping trip of 3 nights or more. Most camping trips are 2 nights.

- _____ Copy of Immunization Record

- _____ Copy of Medical Insurance Card (front and back of card)

- _____ Activity Consent Form – Dated from start date through 12/31 of the following year

- _____ Photo Release Form

- _____ Parent’s Youth Protection Training Certificate (Online training: <https://my.scouting.org>)
*we require any parent attending a camping trip to assist adult leaders to have this training

- _____ Troop Resource Survey

- _____ Contact Information Sheet

- _____ T-Shirt Order Form

- _____ Membership Fee of \$_____ plus any additional swag besides the included T-Shirt, Hat, Neckerchief, Shoulder Loops, and Unit Numeral Patch (cash, check, or credit card + fee made payable to Troop 531)

Contact Information Sheet

Please complete the following information to be shared with the Troop Registrar
and Adult Leaders:

Scout Name(s) _____

Parent/Guardian 1 _____

Email Address _____

Home Phone _____ Cell Phone _____

OK to receive notifications from Scoutbook and/or GroupMe?

email _____ text _____

Parent/Guardian 2 _____

Email Address _____

Home Phone _____ Cell Phone _____

OK to receive notifications from Scoutbook and/or GroupMe?

email _____ text _____

Scout _____

Email Address _____

Home Phone _____ Cell Phone _____

OK to receive notifications from Scoutbook and/or GroupMe?

email _____ text _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the 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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken. If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant / Nombre del participante _____ Middle initial / Inicial del segundo nombre _____ Last name / Apellido _____

Birth date (month/day/year) / Fecha de nacimiento (mes/día/año) _____ / _____ / _____ Age during activity / Edad al momento de realizar la actividad _____

Address / Domicilio _____
 City / Ciudad _____ State / Estado _____ Zip / Código postal _____

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) / Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.) _____ From / De _____ (Date) / (fecha) _____ to / a _____ (Date) / (fecha) _____

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

List participant restrictions, if any: _____
 None

Restricciones del participante, si existen: _____
 Ninguna

Participant's signature / Firma del participante _____ Date / Fecha _____

Parent/guardian printed name / Nombre con letra de molde del padre de familia/tutor _____ Parent/guardian signature / Firma del padre de familia/tutor _____ Date / Fecha _____

Area code and telephone number (best contact and emergency contact) / Código de área y número telefónico (primer contacto y contacto de emergencia) _____ Email (for use in sharing more details about the trip or activity) / Correo electrónico (para informar más detalles sobre el viaje o actividad) _____

Contact the adult leader with any questions: / Póngase en contacto con el líder adulto si es que tiene preguntas:

Name / Nombre _____ Phone / Teléfono _____ Email / Correo electrónico _____



BOY SCOUTS OF AMERICA®



Photo & Media Release

Troop 531 | Trailhead Youth Foundation | Glendale, AZ

I understand that my Scout may be documented by photographs, as well as by audio and video recordings during Troop 531 activities and at other Scouting functions including, but not limited to: Troop meetings, Overnight/Day Camps, Court of Honor Ceremonies, STEM Activities, Summer Activities, Service Projects, etc.

I hereby give consent for the free use of any photographs and audio/video recordings that include my likeness and/or voice (or those of my minor child listed below) to the Leadership of Troop 531 and Trailhead Youth Foundation as our chartered organization, for purposes of documentation, news coverage, promotion, website/social media inclusion, and any other lawful purposes approved by the Parent Committee of Troop 531 within the guidelines and policies of the Boy Scouts of America.

Scout's Name _____

(Please check one)

_____ I grant full permission for my Scout's likeness to be used in this manner.

_____ I **do not** grant any permission for my Scout's likeness to be used in any way.

If you want to change or rescind your consent for the release of your Scout's photo/audio/video while your Scout remains a member of Troop 531, please complete a new Photo & Media Release Form and return to the Troop Registrar.

Parent/Guardian Signature

Date Signed



TROOP RESOURCE SURVEY

Scouting is for adults as well as youth. We invite you to share your skills and interests so the best possible program can be developed for the Scouts in this troop. In making this survey, the committee wishes to find ways you can enjoy using your talents to help our Scouts. Your cooperation is greatly appreciated.

Welcome to the Scout family of Troop No. _____ in the _____ Council.

Please return this survey to _____

Are you currently registered with the Boy Scouts of America? Yes No

(Please print.)

Name _____ Phone _____

Street address _____ Email _____

City _____ State _____ Zip _____

Home phone _____ Mobile phone _____

Business phone _____ Email address _____

1. What is your favorite hobby? _____ Occupation _____

2. In what sports do you take an active part? _____

3. Would you be willing to assist the troop leaders and committee members occasionally? _____

4. Please check the areas in which you would be willing to help:

General Activities

- Campouts
- Hikes
- Outdoor activities
- Troop meetings
- Swimming supervision
- Accounting
- Web management/design
- Drawing/art
- Transportation of Scouts
- Transportation of equipment
- Other _____
(please print)

Special Program Assistance

- I can participate in boards of review.
- I have a minivan or _____ truck.
- I have a workshop.
- I have family camping gear.
- I have access to camping property.
- I can make contacts for special trips and activities.
- I can help with troop equipment.
- Other _____
(please print)

5. Please check any Scouting skills you would be willing to teach:

- Ropework (knots and lashings)
- Outdoor cooking
- First aid
- Star study
- Map, compass, and GPS use
- Conservation
- Aquatics
- Knife and ax handling
- Citizenship
- Camping

Check the merit badges on the other side of this sheet that you are willing to help the Scouts earn.



MERIT BADGES

Check the merit badges that you can help the Scouts earn.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> American Business | <input type="checkbox"/> Disabilities Awareness | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> American Cultures | <input type="checkbox"/> Dog Care | <input type="checkbox"/> Law | <input type="checkbox"/> Safety |
| <input type="checkbox"/> American Heritage | <input type="checkbox"/> Drafting | <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Salesmanship |
| <input type="checkbox"/> American Labor | <input type="checkbox"/> Electricity | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Animal Science | <input type="checkbox"/> Electronics | <input type="checkbox"/> Mammal Study | <input type="checkbox"/> Scouting Heritage |
| <input type="checkbox"/> Animation | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Medicine | <input type="checkbox"/> Scuba Diving |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Energy | <input type="checkbox"/> Metalwork | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Engineering | <input type="checkbox"/> Mining in Society | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Model Design and Building | <input type="checkbox"/> Shotgun Shooting |
| <input type="checkbox"/> Art | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Motorboating | <input type="checkbox"/> Signs, Signals, and Codes |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Exploration | <input type="checkbox"/> Moviemaking | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Family Life | <input type="checkbox"/> Music | <input type="checkbox"/> Small-Boat Sailing |
| <input type="checkbox"/> Automotive Maintenance | <input type="checkbox"/> Farm Mechanics | <input type="checkbox"/> Nature | <input type="checkbox"/> Snow Sports |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Fingerprinting | <input type="checkbox"/> Nuclear Science | <input type="checkbox"/> Soil and Water Conservation |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Oceanography | <input type="checkbox"/> Space Exploration |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> First Aid | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Bird Study | <input type="checkbox"/> Fish and Wildlife Management | <input type="checkbox"/> Painting | <input type="checkbox"/> Stamp Collecting |
| <input type="checkbox"/> Bugling | <input type="checkbox"/> Fishing | <input type="checkbox"/> Personal Fitness | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Fly-Fishing | <input type="checkbox"/> Personal Management | <input type="checkbox"/> Sustainability |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Forestry | <input type="checkbox"/> Pets | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Game Design | <input type="checkbox"/> Photography | <input type="checkbox"/> Textile |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Gardening | <input type="checkbox"/> Pioneering | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Citizenship in the Community | <input type="checkbox"/> Genealogy | <input type="checkbox"/> Plant Science | <input type="checkbox"/> Traffic Safety |
| <input type="checkbox"/> Citizenship in the Nation | <input type="checkbox"/> Geocaching | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Truck Transportation |
| <input type="checkbox"/> Citizenship in the World | <input type="checkbox"/> Geology | <input type="checkbox"/> Pottery | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Golf | <input type="checkbox"/> Programming | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Coin Collecting | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Public Health | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Hiking | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Home Repairs | <input type="checkbox"/> Pulp and Paper | <input type="checkbox"/> Whitewater |
| <input type="checkbox"/> Composite Materials | <input type="checkbox"/> Horsemanship | <input type="checkbox"/> Radio | <input type="checkbox"/> Wilderness Survival |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Railroading | <input type="checkbox"/> Wood Carving |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Insect Study | <input type="checkbox"/> Reading | <input type="checkbox"/> Woodwork |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Inventing | <input type="checkbox"/> Reptile and Amphibian Study | |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Journalism | <input type="checkbox"/> Rifle Shooting | |
| <input type="checkbox"/> Digital Technology | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Robotics | |

Other skills and activities I could assist in for the older-Scout program:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Freestyle biking | <input type="checkbox"/> Rappelling | <input type="checkbox"/> Survival |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Sailing | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Hockey | <input type="checkbox"/> Scuba diving | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Business | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Shooting sports | <input type="checkbox"/> Video/photography |
| <input type="checkbox"/> Cross-country skiing | <input type="checkbox"/> Mechanics | <input type="checkbox"/> Slow-pitch softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Mountain man | <input type="checkbox"/> Snow camping | <input type="checkbox"/> Whitewater canoeing |
| <input type="checkbox"/> Downhill skiing | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Soccer | <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Rafting | <input type="checkbox"/> Spelunking | |

