

BOY SCOUTS OF AMERICA

SENIOR SCOUT APPLICATION

This blank should be sent to Local Council and retained by them—not sent to National Office of the Boy Scouts of America.
INCORPORATED FEBRUARY 8, 1910. CHARTERED BY CONGRESS, JUNE 15, 1916.

APPLICATION FOR MEMBERSHIP IN SENIOR SCOUTING

City Amache County Provers State Colorado
Having become 15 years of age (Rovers must be 17 years old for apprenticeship, 18 years old for full membership), I hereby apply for registration as a

Senior Scout
(Indicate which—Senior Scout, Explorer Scout, Sea Scout, Rover Scout)

and for membership in Troop No. 162
(Indicate which—Troop, Ship, Crew)

BOY SCOUTS OF AMERICA, and agree to be guided by the rules of the Troop (or Ship or Crew) and the duly constituted Scout authorities.

I promise to do my best to observe the Scout Oath and Scout Law in my daily life.

Applicant's Signature Walter Nobuo Matsumoto Troop No. 162
Home Address 7A-7-B City Amache State Colorado
Date of Birth 9/26/1926 No. full years in Scouting Two years Scout Rank Star

(CHECK STATEMENT BELOW FITTING YOUR CASE)

I am an active Scout in Troop No. 162

Scoutmaster's Approval:—The above Scout has my approval to become a member of the Senior Group.

Scoutmaster's Signature _____

I am not a Scout.

TO BE ANSWERED BY APPLICANT

Is your appetite usually good? yes Are you frequently constipated? No
Is your digestion good? yes Is your "wind" good? yes

ARE YOU SUBJECT TO: (Answer Yes or No)

Headaches? No
Colds? No
Bronchitis? No
Convulsions? No
Cramps? No
Fainting Spells? No
Sore Throat? No
Abdominal Pains? No
Where? _____

HAVE YOU HAD: (Answer Yes or No)

Infantile Paralysis? No In what year? _____
Typhoid Fever? No In what year? _____
Pneumonia? No In what year? _____
Rheumatism? No In what year? _____

DO YOU HAVE: (Answer Yes or No)

Heart Trouble? No
Asthma? No
Lung Trouble? No
Hernia (Rupture)? No
Kidney Trouble? No
Ear or Sinus Trouble? yes
Good Eye Sight? yes
Good Hearing? slight ear, slightly bad
Appendicitis? No
Has Appendix been removed? _____

Do you know of any physical disorder that will handicap you in taking part in the Senior Scout Program? _____

Have you been exposed to any contagious disease within the last three weeks? _____

What? _____

Have you ever received any injections of serum? No If so, for what? _____

When? _____

REMARKS: _____

Date May 31, 1943 (Signed) Walter Nobuo Matsumoto
Scout

APPROVAL OF PARENT OR GUARDIAN

I hereby approve the application of _____ for membership in the Senior Scout Division of the Boy Scouts of America, and will try to assist him in observing the rules of the organization. In consideration of the benefits derived from this membership if accepted, I hereby voluntarily waive claim against the Boy Scouts of America for any and all causes which may rise in connection with the activities of the above organization. I also certify that the above answers given by the applicant are correct.

Business _____ Phone _____
(Signature of Parent or Guardian)

BOYS' LIFE extends to the Individual Senior Scout a 50c credit on the regular \$1.50 per year subscription price of BOYS' LIFE. Add to your Scouting experience by reading BOYS' LIFE regularly. See your Leader about subscribing.

(Examination Required of Sea Scouts and Explorer Scouts, and Recommended for Other Senior Scouts)

NOTE TO EXAMINING MEDICAL DOCTOR

The applicant wishes to become a Senior Scout. If he is accepted he will participate in a program of strenuous outdoor activities including swimming, climbing, sailing and rowing. (No boy is accepted as a Sea Scout who is not physically fit). Your cooperation in making a careful examination will be greatly appreciated. To aid you in making this examination we have secured his health history record which will be found on the reverse side of this blank. Thank you.

- 1. Condition of Heart? _____
- 2. Condition of Lungs? _____
- 3. Condition of Throat? _____
- 4. Condition of Skin? _____
- 5. Condition of Ears? _____
- 6. Condition of Eyes? _____
- 7. Condition of Extremities? _____
- 8. Condition of Teeth? _____
- 9. Has Scout developed Hernia? _____
- 10. Physical Development Rating? _____
- 11. Posture Rating? _____

Space Below for Comment:

Do you think that this boy is likely to be sensitive to serum inoculations? _____

It is expected that physical defects which can be corrected, will be remedied if possible, within one year of registration. Please note below what these may be. _____

Please state if, in your mind, this applicant is in physical condition to take part in the Senior Scout Program of strenuous outdoor activities including swimming. If not please state what should be avoided. _____

Date _____, 19____ (Signed) _____

Medical Doctor

Are you the Family M. D.?

Yes

No