



# PCU YELLOW CREEK

(SSS-1023)

## Welcome aboard PCU<sup>1</sup> YELLOW CREEK!

We're happy to see you are interested in the Sea Scouts. With us, you can start on an adventure that can impact the rest of your life. We offer opportunities to gain nautical, mechanical, social, and leadership skill development through a variety of activities. From sailing and paddlesports to vessel operations and seamanship, we'll be looking to ensure that the *Yellow Creek* crew never has a dull day! We promise you active and engaging program that you will have a direct hand in planning as well as a direct share of the credit for all the success we'll earn.

We're looking forward to getting to know you and seeing how you can help the *Yellow Creek* grow.



Sincerely,  
The Skipper & Mates of *PCU Yellow Creek*

### *FAQs*

#### What is Sea Scouts?

Sea Scouts is a program started in the United States in 1912 as an augment to Boy Scouts to expand the opportunities for older youth. Instead of a focus on camping and the wilderness, Sea Scouts focuses on nautical skills and activities. Today it is a program for young men and women ages 13 and a graduate of the 8th grade to 21.

#### Is the Ship co-ed?

Provided that a sufficient number of male and female adult leaders come forward, we would like to offer the program as a co-ed one.

#### When do we start and what is the schedule?

Beginning in June, we begin holding weekly meetings (generally at the sailing base), which meetings will continue until the end of August. Beginning in September, we hold one meeting a month throughout the 'off season'.

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<sup>1</sup> What's a PCU? In the Navy, as Pre-Commissioning Unit is used to describe a ship (and the crew that belong to it) during construction. Hopefully we'll be SSS *Yellow Creek* very soon with your help!



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This will hopefully avoid most of the potential conflicts with other scouting units.

Do I actually get to skipper a boat?

Yes! One of our goals is to help all our Scouts become competent sailors, so you'll certainly be spending plenty of time at the tiller. You'll learn how to rig and launch, sail upwind, conduct an overboard rescue and much more. Sailors will have the opportunity to earn US Sailing small boat certification and a Pennsylvania Boating License.

What do Sea Scouts do?

You mean, aside from sailing, right?!

Other activities required for an elective for advancement to Quartermaster (the highest rank) include:

- Swimming
- Marlinspike Seamanship (knots, lines, splices, etc.)
- Leadership
- Cooking
- Piloting & Navigation (Charts, *Rules of the Road*, etc.)
- Deck Seamanship
- Paddlecraft
- Marine Engineering
- Maritime Traditions

We also have the potential to take long 'cruises' and other trips with the proper planning and preparation.

What are the costs of the program?

For Scouts already registered in another BSA program, no additional registration fees are required.

For other youth members, \$138 is required to cover fees required by the National BSA organization as well as our local council. Financial assistance is available to help defray some or all of these costs.

Please note that this does not include the costs of awards, activities, uniforms, etc.

What about a uniform?

For the first year, we'll have a 'crew uniform' (consisting of a hat and t-shirt with our logo on it) for all Ship activities. Beginning in June 2025, we'll plan to begin implementing the official Sea Scout when appropriate.

As a parent, how can I interact with the program?

We'd love to have you come aboard!

We have a Committee, which assists in planning social events, fundraisers, and other critical aspects of our program.

We also have the Mates, who directly interact with our Scouts and are the front line in making sure our program has wind in its sails.

Finally, we have Consultants, who are those that have some marine, nautical, boating, naval, or related background that are willing to help guide our Scouts.

Your help in these 'below deck' activities help keep our Ship stay ship-shape!

For Your Records  
Important Ship documents  
and other information



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## YOUR SHIP AT A GLANCE

|                        |   |
|------------------------|---|
| Scouting Council       | Laurel Highlands (lhscouting.org)   |
| Scouting Districts     | Chestnut Ridge & Keystone Districts   |
| Chartered Organization | Friends of Yellow Creek   |
| Ship No.               | 1023  |
| Website                | <a href="https://yellowcreekseascouts.org/">https://yellowcreekseascouts.org/</a>                         |
| Remind/GroupMe         | <a href="https://www.remind.com/join/sss1023">https://www.remind.com/join/sss1023</a>                     |
| Meeting Day & Time     | Wednesdays at 1600 (4:00 PM) for sailing, 1800 (6:00 PM) for Ship's meeting<br>-See Schedule for Details- |
| Meeting Location       | -See Below -  |
| Skipper                | Buck Christ<br>814.487.1478   <a href="mailto:pack51scout@gmail.com">pack51scout@gmail.com</a>            |
| Mates                  |   |
| Administration         | Nathanael Arthurs<br>724.840.0334   <a href="mailto:arrow4589j@icloud.com">arrow4589j@icloud.com</a>      |
| Program                | Ken Sherwood<br>724.762.5571   <a href="mailto:kwsherwood@gmail.com">kwsherwood@gmail.com</a>             |

## MEETING LOCATIONS

### FOYC Sailing Base

College Lodge Rd, Penn Run, PA 15765



### Enviro. Learning Center ("ELC")

2-216 Pond Ln, Penn Run, PA 15765



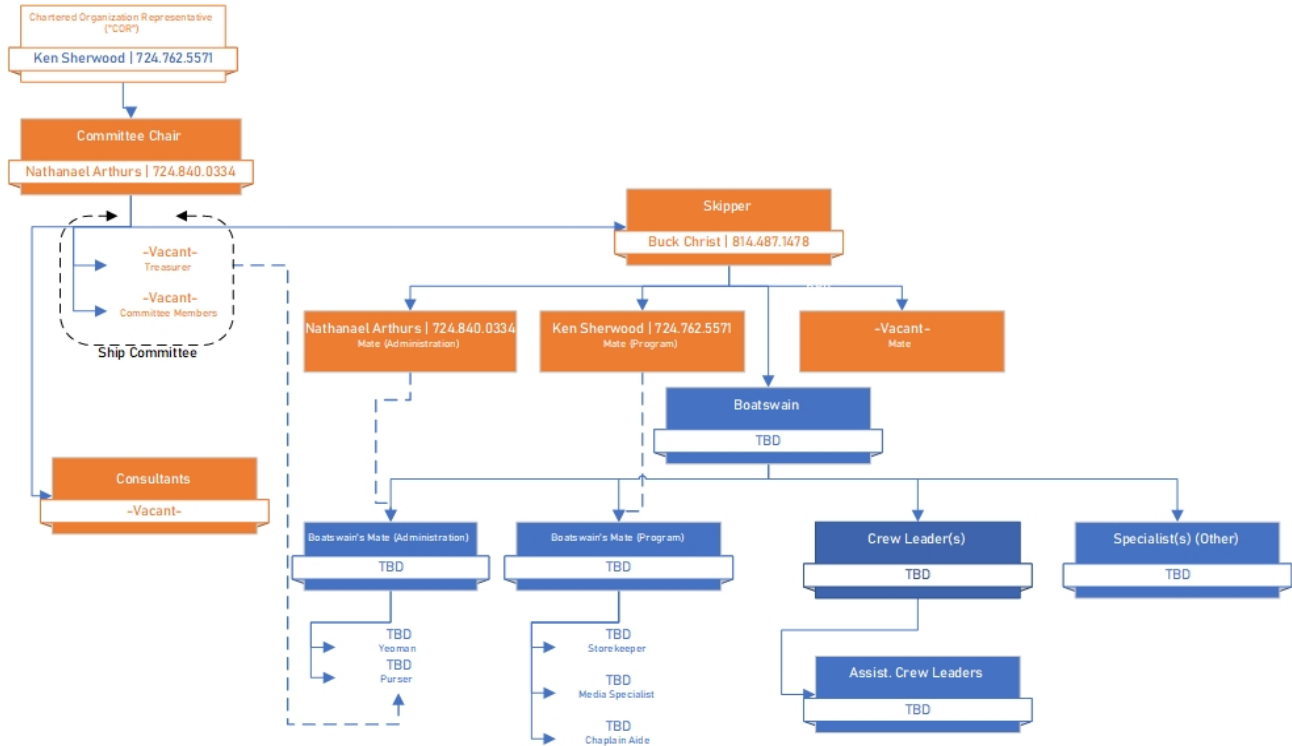


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### ORGANIZATIONAL STRUCTURE

Orange positions denote adult roles. Blue positions denote youth roles.



## Forms

Paperwork to be completed and  
turned in to Ship

# YOUTH APPLICATION

This application is also available in Spanish. Esta solicitud también está disponible en español.



**Cub Scouting**



**Scouts BSA**



**Venturing**



**Sea Scouting**

## Scout Oath

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.

## Scout Law

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

SKU 646302



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BOY SCOUTS OF AMERICA®

## Welcome to the BSA!

The BSA makes Scouting available to our nation's youth by chartering community organizations to operate Cub Scout packs, Scouts BSA troops, Venturing crews, and Sea Scout ships.

The chartered organization provides an adequate and safe meeting place as well as capable adult leadership, and requires adherence to the principles and policies of the BSA. The BSA local and national council provide training, program, outdoor facilities, literature, professional guidance, and liability insurance protection.

## Parent/Legal Guardian Role in Scouting

Scouting uses a fun program to promote character development, citizenship training, leadership, and mental and physical fitness. You can help by encouraging attendance, assisting with your child's advancement, attending meetings for parents, and assisting the unit when called upon to help. The unit cannot provide a quality program without your help.

**Parent Agreement.** I have read the Scout Oath and Scout Law, and I want my child to join Scouting. I will assist them in abiding by the policies of the BSA and the chartered organization. I will:

- *Serve as an adult partner while my child is a Lion or Tiger.*
- *Help my Scout grow through completion of advancements.*
- *Help the unit with activities and assist as needed.*

**Health Information.** You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record, No. 680-001, found on [www.scouting.org/forms](http://www.scouting.org/forms) and give it to the unit leader.

**Youth Protection Begins With You™.** Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere, even in Scouting. Youth safety is of paramount importance to Scouting. For that reason, the BSA continues to create and consistently improve its barriers to abuse.

The BSA is committed to providing a safe environment for young people. To maintain a safe environment, the BSA provides parents and adult leaders with numerous online and printed resources and adult leaders must complete Youth Protection Training (YPT) and renew their training as required. Parents who participate in Scouting activities are highly recommended to complete YPT. To learn more about the BSA's Youth Protection resources, go to [www.scouting.org/training/youth-protection/](http://www.scouting.org/training/youth-protection/).

## Mandatory Reporting

All persons involved in Scouting must immediately report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused; physically or emotionally neglected; exposed to any form of violence or threat; or exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Additionally, any known or suspected abuse or behavior that might put a youth at risk must also be reported to the local Scout executive or the Scouts First Helpline (1-844-SCOUTS1 or 1-844-726-8871) if your Scout executive or local council cannot be reached.

**All parents must review the *How to Protect Your Children From Child Abuse: A Parent's Guide* booklet in the Cub Scout or Scouts BSA handbooks or at [www.scouting.org/training/youth-protection/](http://www.scouting.org/training/youth-protection/).**

## Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings. There must be a registered female adult leader over 21 in every unit serving females. A registered female adult leader over 21 must be present for any activity involving female youth.
- One-on-one contact between adult leaders and youth members is prohibited both inside and outside of Scouting.

These and other key Youth Protection policies are addressed in the training and at [www.scouting.org/training/youth-protection/](http://www.scouting.org/training/youth-protection/).

To learn about the BSA's other health and safety policies, please review the online version of the *Guide to Safe Scouting*, the Scouter Code of Conduct, and the Sweet Sixteen of BSA Safety, which are available at [www.scouting.org/health-and-safety](http://www.scouting.org/health-and-safety).



## Scout Life Magazine

For a subscription to a magazine that will help your child grow in the Scouting program, just fill in the *Scout Life* circle on the application and pay the subscription price.

## The J. Warren Young Literacy Fund

You can give a Scout the opportunity to enjoy a free subscription to *Scout Life* for one to five years. Go to [go.boyslife.org/donate](http://go.boyslife.org/donate) to donate. The local council will identify Scouts who do not have the funds to subscribe. Do a Good Turn today. Today's readers are tomorrow's leaders.

## Who Can Join?

It is the philosophy of Scouting to welcome all eligible youth, regardless of gender, race, ethnic background, sexual orientation, or gender identification, who are willing to accept Scouting's values and meet any other requirements of membership.

## Joining Requirements

### Cub Scout Pack

Pack membership is open to youth in kindergarten through fifth grade.

\***Lion**—Kindergarten (year before first grade)

**Bear**—Third grade

\***Tiger**—First grade

**Webelos Scout**—Fourth and fifth grade

**Wolf**—Second grade

**\*Lions and Tigers must have an adult partner. If the parent is not serving as the adult partner, the parental signature on the application indicates their approval of the adult partner. In addition, if the adult partner does not live at the same address as the Lion or Tiger, an adult application is required.**

## Scouts BSA Troop

Youth can be Scouts if they have completed the fifth grade and are at least 10 years old, OR have earned the Arrow of Light Award and are at least 10 years old, OR are age 11 but have not reached age 18.

## Venturing Crew/Sea Scout Ship

Venturing and Sea Scouting are for young men and women at least 13 years old who have completed the eighth grade, or are age 14 and not yet 21. **Applicants age 18 and older must complete a BSA adult application.**

## Excerpt From the Declaration of Religious Principle

The BSA maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and the organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to this Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of membership.

**The annual national registration fee is nonrefundable.**

**For general questions, contact your BSA local council.**







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## Application for Registration Assistance

To be completed for each individual youth

District \_\_\_\_\_ Unit Type \_\_\_\_\_ Number \_\_\_\_\_

Scout's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

### **Program Information**

The Laurel Highlands Council is committed to making Scouting available to all children. In support of that commitment, the council will pay the portion of the national BSA registration fee that youth cannot afford. The dollar amount requested is the difference between the national BSA fees and what the youth and or chartered organization can afford.

### **Assistance Availability**

To help ensure there are always enough funds to help low-income youth enjoy the benefits of Scouting, we encourage the unit to participate in the annual popcorn sale and Friends of Scouting campaign. Note – we cannot guarantee that every youth that applies for this program will receive assistance. A limited amount of funds is available each year.

### **Information provided by Parent**

Is the Scout eligible for the free or reduced lunch program at his/her school?  Yes  No

Total family members in your household \_\_\_\_\_

Household Income (select one)

- Less than \$10,000 per year
- \$10,000 to \$29,999 per year
- \$30,000 to \$49,999 per year
- \$50,000 to \$69,999 per year
- \$70,000 or more per year

Is your Scout a new Scout?  Yes  No (If yes, a one-time \$25.00 joining fee applies to fees below)

What portion of the \$123.00 total registration fee (pro-rated monthly) can you afford? \_\_\_\_\_

I understand that the unit may charge additional dues to help pay for program expenses. Arrangements have been made for the unit to cover these additional dues or we have agreed on an installment plan that meets our ability to pay.

Please confirm  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent)



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**Application for Registration Assistance  
To be completed for each individual youth**

**Information provided by Scout Leader**

- This Scout is an active member of our unit.
- Our unit participates in the annual popcorn sale.
- This Scout participates in the popcorn sale or other unit fund raising projects.
- Arrangements have been made for the unit to cover any additional unit dues or we have agreed on an installment plan with the parent that meets his/her ability to pay unit dues.
- The charter organization can provide \$ \_\_\_\_\_ to help this Scout pay his registration fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Scout leader)

**Application Processing**

This application form must be submitted, along with the BSA application form or with the charter renewal paperwork, to one of the council service centers and will be reviewed by the district executive. If the family can afford partial payment, please submit that payment with this form in addition to the application or charter renewal paperwork.

Note – we cannot guarantee that every Scout that applies for this program will receive assistance. A limited amount of funds is available each year.

**Council Service Centers**

Applications can be submitted to your **District Executive** via email or to the **Laurel Highlands Council** headquarters below:

**Laurel Highlands Council, Boy Scouts of America  
Attn: Membership Committee  
1275 Bedford Ave.  
Pittsburgh, PA 15219**

When completed, this form should be filed with the unit membership applications.

**FOR OFFICE USE ONLY:**

Amount of assistance requested \_\_\_\_\_ Amount of assistance granted \_\_\_\_\_

Notification sent \_\_\_\_\_ Date \_\_\_\_\_

## 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: \_\_\_\_\_





# PCU YELLOW CREEK

## (555-1023)

### YOUTH EXPERIENCE SURVEY

1. Why did you join Sea Scouts?

2. What activities would you like to do in this program?

3. Which advancement elective subjects interest you the most? *Circle all that apply*

|                    |                          |         |                    |                     |
|--------------------|--------------------------|---------|--------------------|---------------------|
| Leadership         | Duty to God              | Sailing | Paddlecraft        | SCUBA               |
| Vessels            | Sail Racing              | Engines | Vessel Maintenance | Ornamental Ropework |
| Maritime Tradition | US Coast Guard Auxiliary |         | US Power Squadron  |                     |

4. Describe your background in Scouting, if any.

5. Describe your boating background, if any.

5A. If so, do you have any sailing-related boating experience (e.g. US Sailing Certification, Small Boat Sailing Merit Badge, etc.)

6. Is anyone in your immediate family a member of one or more of the following groups? *Circle all that apply*

|                          |                     |                    |                          |                |
|--------------------------|---------------------|--------------------|--------------------------|----------------|
| US Coast Guard Auxiliary | US Power Squadron   | US Sailing         | US Navy                  | US Coast Guard |
| Merchant Mariner         | Recreational Boater | Marina/Boat Repair | US Coast Guard Auxiliary |                |

7. Describe your swimming ability.

7A. Have you earned the Scouts BSA swimming merit badge?

8. List any leadership positions you have held with other organizations.