



Join our
World Scouts troop!
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 World Scout Bureau: <http://www.scout.org/>
 Box 241, 1211 Geneva 4, Switzerland



WORLD SCOUTS:

- ❖ ARE GIRLS AND BOYS WHO ENJOY FOREIGN LANGUAGES AND WANT TO HELP PROMOTE INTERNATIONAL UNDERSTANDING
- ❖ LEARN BASIC EXPRESSIONS IN SEVERAL LANGUAGES
- ❖ USE THE INTERNATIONAL LANGUAGE ESPERANTO TO COMMUNICATE WITH SCOUTS AROUND THE WORLD

The Scout Movement is an excellent medium through which fellow scouts in different parts of the world can contact one another. In scouting they can exchange experiences and ideas, and build friendships and understanding. The more Scouts are in touch with each other, the more they know about each other's activities and challenges in these fields, the more they will be able to bring about the kind of society and world we all hope to see benefiting all mankind.

- Lazlo Nagy – former World Scout secretary and author of the book “25 Million Scouts”

Meeting are held once a week in Santee, The UTC/La Jolla area, National City, and Chula Vista
 Usual meeting times: 5:00 – 6:30 p.m. **Call ahead to reserve space:** (619) 258-0169 - **Space is limited**
 Optional Sunday meetings at the Hall of Nations in Balboa Park – Parents to provide transportation.

For more information, please download the trilingual brochure titled:
“Wider Horizons - International Scouting” from: www.GrupoAmikema.org/SEL.html

Cost: \$10 annual registration and \$20 per month – Optional uniform shirt and ballcap



PRE-ENROLLMENT FORM

Student Name/*Nombre del Estudiante:* _____ Grade/*Grado:* _____
 Address/*Domicilio:* _____ City/*ZIP:* _____
 Home Phone/*Tel. de Casa:* (____) ____ - _____ Email/*Correo Electrónico:* _____
 Alternate Phone/*Tel. Alternativo:* (____) ____ - _____ Specify/*Especifique:* _____
 Paid by: [] Check/Cash [] Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: ____/____/____
 3-Digit Code: _____ Cardholder's Name (printed): _____

Good attendance, performance, and behavior are expected from all scouts.
Todos los scouts deben asistir con regularidad y tener buena conducta.

Parent Name/*Nombre del Padre o Madre:* _____ Signature/*Firma :* _____

Health History Record

This health history is to be completed and signed by parents/guardians

Name:	Phone:	Name of family physician:
Family medical/hospital insurance carrier:	Policy or group no.	Physician phone: ()

Illnesses and injuries: (Check those that apply.)

- Ear infection Bleeding/clotting disorders Hypertension Asthma
 Heart defect/disease Musculo-skeletal disorders Seizures Diabetes Other (specify) _____

Date of last health examination: _____

Were any complicating medical problems noted in last health examination? _____

Allergies: (Check those that apply and specify nature of allergic reaction.)

- Animals _____ Hay fever _____
 Pollen _____ Food _____
 Medicines/drugs _____ Insect stings _____
 Plants _____ Other (specify) _____

Other health conditions: (Check those that apply.)

- Bed wetting Emotional disturbances
 Constipation Fainting
 Menstrual cramps Hearing impairment
 Motion sickness Sickle cell trait or disease
 Nosebleeds Special dietary regimen
 Sleep disturbances Wears glasses or contact lenses
 Other (specify) _____

Immunization History:

Immunization	Year Primary Series Completed	Year of Last Booster
DTP	_____	_____
Diphtheria	_____	_____
Pertussis (whooping cough)	_____	_____
Tetanus	_____	_____
TB	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella (German Measles)	_____	_____
Oral Polio	_____	_____
Other (specify) _____	_____	_____

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted.

Signature of parent/guardian _____ Date _____