

CHIEF LOGAN DISTRICT

FIRST AID MEET

THURSDAY, NOVEMBER 5, 2026

**FIRST CHURCH OF CHRIST
113 GOOD SHEPHERD ROAD
ALTOONA, PA 16601**

6:00 PM TO 9:00 PM

\$8.00 PER SCOUT OR ADULT

REGISTRATION BEGINS AT 6:00 PM

EACH UNIT IS ASKED TO PROVIDE ONE (1) ADULT LEADER PER PATROL (I.E., 2 PATROLS = 2 JUDGES) THAT THEY BRING, TO SERVE AS A JUDGE. LEADERS WILL NOT JUDGE THEIR OWN PATROLS.

ALL SUBJECT MATTER WILL COME FROM THE LATEST EDITION OF THE BOY SCOUT HANDBOOK.

EQUIPMENT LIST IS ON THE NEXT PAGE

UNITS WILL BE NOTIFIED VIA EMAIL OF ANY EQUIPMENT LIST ADDITIONS OR DELETIONS.

PATROL EQUIPMENT LIST:

(2) 6-FOOT POLES

(2) BLANKETS

(1) 8-FOOT X 8-FOOT PLASTIC OR OTHER MATERIAL FOR FLOOR PROTECTION

(12) 4-INCH X 4-INCH PADS

(4) 2-INCH ROLL BANDAGES

(4) CRAVAT/TRIANGULAR BANDAGES

(2) 17-INCH BOARD SPLINTS

(2) 30-INCH BOARD SPLINTS

LATEST EDITION BOY SCOUT HANDBOOK

PERSONAL FIRST AID KIT ITEMS AND OTHER ITEMS AS FOLLOWS (REFER TO LATEST EDITION OF THE BOY SCOUT HANDBOOK):

BOX OF ADHESIVE BANDAGES, ROLL OF ADHESIVE TAPE, TWO (2) STERILE 3"x3" GAUZE PADS, TUBE OF TRIPLE ANTIBIOTIC OINTMENT, SIX (6) WASHUP TOWELETTES, SCISSORS, (6) PAIRS OF NITRILE GLOVES, CPR BREATHING BARRIER, (1) PACK MOLESKIN, PENCILS/PAPER, SAFETY GLASSES, SMALL CONTAINER HAND SANITIZING GEL, TWEEZERS, SAFETY PINS, ALCOHOL SWABS

2026 First Aid Meet OFFICIAL Unit Registration Form

PATROLS MUST TURN THIS IN WHEN THEY REGISTER. FOR TROOPS WITH MORE THAN ONE PATROL, THE FIRST PATROL TO REGISTER SHOULD PRESENT THIS FORM.

Out of district and/or out of council troops are welcome to participate in this event.

Name of Adult Leader filling out this form: _____

Address and Phone Number of Adult Leader: _____

Troop Number: _____ Chartered Organization: _____

No. of Scouts: ____ x \$8.00 = \$ _____ No. of Adults: ____ x \$8.00 = \$ _____

TOTAL MONEY DUE: \$ _____

Scoutmaster's or Authorized Leader's Signature: _____

METHOD OF PAYMENT:

☐ I am paying by Check Number _____ dated _____.

☐ Cash

Registered Adult Names (PAID REGISTRATION)

Guest Names (DO NOT NEED TO PAY)

Class A and Class B Medical Forms: I have both current Class A and Class B Medical Forms in my possession for all scouts and adults participating from my unit in this event.

Scoutmaster/Adult Leader-In-Charge Printed Name

Signature

Date

Council Contact Information:

Mail: Juniata Valley Council, 9 Taylor Drive, Reedsville, PA 17084

Phone: (717) 667-9236

Web: www.jvcbsa.org

2026 FIRST AID MEET PATROL ROSTER

Instructions: Use one form per Patrol.
Please print clearly.
Turn this in at registration.
Fill this out BEFORE you get in line!!!!

USE YOUR IRON TROOP PATROL NAME!

Council: _____

District: _____

Troop Number: _____

Patrol Name: _____

List the rest of your members by name, and their age:

Name:		Age:
Patrol Leader		
Member		
Member		
Member		
Member		
Member		
Member		
Member		

Scoutmaster or Adult Leader Signature:
