



# Youth Member Application

# Y1

January 2009

### Registration Details

Membership #:

Scout Group							Start Date	
Section	Joey Mob 1		Cub Pack 1		Scout Troop 1		Venturer Unit 1	
	Joey Mob 2		Cub Pack 2		Scout Troop 2		Venturer Unit 2	
	Joey Mob 3		Cub Pack 3		Scout Troop 3			
Meeting Night	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	

### Personal Details of Youth Member

Family Name				Gender	MALE	FEMALE	
First Name			Middle Name			Date of Birth	
Address						State	
Suburb						Postcode	
Email							
Home Phone				Mobile			
Postal Address (if different)							
Address						State	
Suburb						Postcode	

### Scouting Knowledge

I found out about Scouts from (please circle all boxes that are appropriate)				
Parents	School	Newspaper / Magazine	TV Commercial	Other _____
Friend	Internet	Royal Show	CD ROM	Display / Promotion

### Agreement and Medical Authority

#### Medical

I agree not to make a claim against Scouts Australia (SA Branch) beyond the level of insurance provided by their policies (see explanation below). I authorise any member or other official representative of Scouts Australia (SA Branch) to obtain any medical or dental attention or treatment, or ambulance assistance, considered necessary (or expedient) for the applicant. I agree to reimburse Scouts Australia (SA Branch) for any expenses incurred as a result which are not covered by the Association's insurance policies.

#### Explanation of Scout Association Insurance

Scouts Australia (SA Branch) maintains insurance policies designed to cover Adult/Youth Members during Scouting service. For further information you should consult with your Group Leader or relevant Commissioner to ascertain the exact level of cover of these policies.

#### Consent to Use of Image

I consent to photographic / video images of me / my child being taken at Scout activities and being used for promotional purposes by and for Scouts.

#### Privacy Policy

Scouts Australia (SA Branch) has always respected the privacy of its members and customers and understands the importance you place on the protection of person information in its care. Scouts Australia (SA Branch) has a Privacy Policy which conforms with current Commonwealth legislation and copies of this are available from us on request, or from our website. From time to time we may contact you to offer you products or services. Please tick this box if you do not wish to be contacted in this way.

**I MAKE THIS MEMBERSHIP APPLICATION FULLY INTENDING TO SUPPORT THE GROUP AND ITS ACTIVITIES**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child [eg parent/guardian/care giver] \_\_\_\_\_

### Office Use Only

Please complete reverse →

Date		Receipt		Amount \$		Data Input	
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School child attends	
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### Guardian Details

	Guardian 1	Guardian 2
Relationship to Child		
First Name		
Middle Name		
Last Name		
Gender		
Mobile		
Home Phone		
Work Phone		
Email		
Occupation		
Home Address		
Postal Address (if diff)		
Skills or Hobbies		
<b>Volunteer Service</b> The Scout Group is a community organisation. It exists because people like you want to make the individual training and development that Scouting is famous for, available for your children. It is expected that every family that joins the Scout Group will contribute in some way. <b>Please indicate in what way you are able to assist the Scout Group.</b>	Become a Leader	Become a Leader
	Parent Helper	Parent Helper
	Become a committee member	Become a committee member
	Assist with award scheme	Assist with award scheme
	Assist at working bees	Assist at working bees
	Transport for camps	Transport for camps
	Transport for outings	Transport for outings
	Teach youth special skill	Teach youth special skill
	Have tow bar	Have tow bar
	Use of a trailer	Use of a trailer

### Medical Details

<b>Any allergies or significant medical conditions that the applicant suffers from, which should be known by the Leaders</b> (it is your responsibility to inform the Leader in Charge if there are any changes)
eg: bee stings, asthma, epilepsy

### Previous Records

Previous Scout Group			
Country or State		Youth Transfer (SA Form Y2) attached	
Date Started		Date Finished	

### Group Use Only

Requested fee of \$		is enclosed	Date	
Signed				