



FOR OFFICIAL USE:							
Date captured on database:							
D	D	M	M	Y	Y	Y	Y
Membership No:							
Signed:							

Application for Youth Membership

(This form is to be completed by all new members. A copy must be retained by all new members and original forwarded to the Regional Headquarters for registration.)

Region:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 District:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Group:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch: Cubs (7 – 10) Scouts (11-17)

I, (full names)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

, parent/legal guardian of
 (Minor child's full name)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 hereinafter referred to as "ward", shall be glad if you accept this application for my ward to be admitted as a member of your Group.

I understand that the Cub/Scout programme is an active one, which includes opportunities for adventure, service and fun. I undertake to provide my ward with the required uniform, see that he/she attends meetings regularly and pays his/her membership contributions.

I am aware of the Child Protection Policy of SCOUTS South Africa, which aims to safeguard the welfare of all members by protecting them from physical, sexual and emotional harm.

I am aware that SCOUTS South Africa accepts no responsibility for any loss, injury or damage that the person or property of my ward may sustain whilst engaged in any Scouting activity and I waive any right that I or my ward may have to claim compensation against SCOUTS South Africa or other members in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

I agree and authorize that photo's, statements, audio – visual recordings, video and sound bites taken, recorded and collected from my Ward during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication and fundraising campaigns. I agree and authorise further that the Group may publish photographs, statements, audio and visual recordings, video and sound bites taken, recorded and collected from my Ward during activities with SCOUTS South Africa may be uploaded to the Group Facebook Page.

Signed: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Father/Mother/Legal Guardian

Personal Details of Recruit:

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Initials:

--	--	--	--

First Names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identity No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Postal Code:

--	--	--	--

Religion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Home:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Or/and Cell No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender: Special Conditions: (State any handicap, disability, special health needs & prohibited activities)

Male Female

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

School:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medical Aid Details of Recruit:

Family Doctor:

Contact Number:

Medical Aid Scheme

Medical Aid Number

Principal Member:

Personal Details of Parents/Legal Guardians:

Parent One:

Surname: Initials:

First Names:

Identity No: Date of Birth:

Postal Address: Postal Code:

Physical Address: Postal Code:

Religion:

Telephone Work: Or/and Cell No:

Email Address:

Gender: Marital Status:

Occupation:

Male Female Preferred Communication: WhatsApp Group: Email:

Parent Two:

Surname: Initials:

First Names:

Identity No: Date of Birth:

Postal Address: Postal Code:

Physical Address: Postal Code:

Religion:

Telephone Work: Or/and Cell No:

Email Address:

Gender: Marital Status:

Occupation:

Male Female Preferred Communication: WhatsApp Group: Email: