2011-2012 Scouting Year

PROGRAM PARTICIPANT ENROLMENT FORM



The purpose of gathering the information on this form is to provide leaders with the information they need to facilitate the activities of youth participating in Scouts Canada program activities and to be able to respond in the event of an emergency. Please note that Scouts Canada is committed to respecting the privacy of our members, their families, and our employees, by adhering to the privacy principles set forth in Schedule 1 of *The Personal Information Protection and Electronic Documents Act. Scouts Canada's Personal Information Protection Procedures and Guiding Principles* and an explanation of this form may be viewed on Scouts Canada's website at www.scouts.ca/ef. This form is to be completed and signed by the parent/guardian at the beginning of each Scouting year and submitted to the Group Commissioner. The leader will be provided a copy of this form and it is the responsibility of the parent/guardian to notify/update the leader of any changes to the medical status of their child/ward as these changes occur. The parent/guardian

should also notify the leader if there are any other changes to the information on this application during the year.

SCOUT GROUP NAME A	<i>ND ROLE:</i>				
☐ Beaver Scouts (5-7) ☐ Venturer Scouts (14-17) ☐ SCOUTSAbout Jr. (5-7)		Scouts (11-14) Extreme Adver	uture (14-17)	Youth Leadership Role Activity Leader (14-15) Scouter-In-Training (16-17)	
PARTICIPANT INFORMA	ATION: New Member	Ret	urning Member		
Last Name:	First Name:		Midd	lle Name:	
				md/yyyy):	
				Postal Code:	
	Faith Affiliation:				
				n some provinces and territories)	
•	circumstances, cultural or faith in If yes, please advise leader	•	the leader should	be aware?	
PARENT/GUARDIAN INF	ORMATION:				
Parent(s)/Guardian(s) Name (ii	address same as above):			Email:	
	#: Ho				
				(not stored in MMS)	
				Email:	
Parent/Guardian: Daytime Ph. 7	#: Hor	me Ph. #:	Oth	ner Ph. #(not stored in MMS)	
	CY CONTACT INFORMAT				
Name of Contact:		Daytime Ph. #:		Home Ph. #:	
(not stored in MMS	Relationship to youth: _ Permission to pick youth	up from meeting/acti	vity? Yes	☐ No	
INFORMATION FOR ME	DICAL EMERGENCIES:				
Physician's Name:	Physician's Phone #:				
Insurance Coverage Held:	Yes No		_1 0.0		
Does the participant have any a		No If yes please	provide details be	low:	
Please advise of any medical codetails below:	onditions, diseases, operations,	disorders or problems	the member has ha	ad or currently has. Provide	
Does the participant require spe	ecial care, medication, or diet?	Yes	□No		
Please provide details: Date of last tetanus shot (Mont	h and Year):				
Swimming abilities:	Non Swimmer Sw	immer (Highest Le	evel Achieved):		

Applicant Last Name:	
Applicant First Name:	



MEDICAL EMERGENCY PROCEDURES CONSENT:

Residents of all Provinces/Territories except Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Residents of Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Ouebec*. I understand that I will be notified by the quickest means possible if this authority is exercised.

d that I will be notified by the qu	uickest means possible if this autl	hority is exercised.
ders, parents and Scouts Canada group photo albums and display es where they are often used in S ages of myself and/or my child	employees take photos and vide yed on group web sites. Some are Scouts Canada publications and p I/ward as indicated above.	e also submitted to local newspapers and to Scouts
NOT wish to be informed at	bout fundraising and other me	mber benefits not specifically related to your
your assistance in the operation a encourages this. Please feel from the ce. Inteer Communities Cooki	of your child's program. We know the to tick off one or more of the nunications sization & Planning ng, Banquets ng, Art a, Skits, Play Acting scrafts	boxes below indicating areas in which you would Environment & Nature Lore Outdoor Activities Singing, Music Sports Woodworking Science/Engineering Activities Other
(Please Print) (Please Print)	Signature:Signature:Signature:Signature:	Date: Date: (dd / mm / yyyy)
	ders, parents and Scouts Canada group photo albums and displayes where they are often used in Sages of myself and/or my child the images used as indicate NOT wish to be informed all NOT wish to be i	Communications Organization & Planning Cooking, Banquets Drawing, Art Drama, Skits, Play Acting Games Handicrafts C: (note: parent or guardian must sign the Consent to Participate (Please Print) Signature: (Please Print) Signature:

CONSENT TO PARTICIPATE:

To be completed if the Applicant is under 18 years of age

I understand that participation in Scouts Canada is voluntary, and involves a certain degree of risk when participating in some Scouting activities. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my (son/daughter/ward), I grant permission for my child/ward to become a member of Scouts Canada and participate fully in its activities.

To be completed by Rover Scouts 18 years of age and over

I will subscribe to the Mission, Principles, Practices and Methods of Scouts Canada. I will abide by the By-Laws, Policies and Procedures of Scouts Canada. I understand that participation in Scouts Canada is voluntary and involves a certain degree of risk when participating in some Scouting activities. After carefully considering the risks involved, I will take, to the best of my ability, reasonable precautions to ensure the safety of other members (youth and adult) as well as my personal safety.





Signature of Parent/Guardian Date: (dd / mm / yyyy)

Signature

Date: (dd / mm / yyyy)

Note to Leaders: At the end of the year, please forward your copy of this form to your council office.