

Youth Information  New  Returning

Existing Member #: \_\_\_\_\_

Salutation: Mr.  Miss  Ms.  Mrs.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: Male  Female  Birth Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Religious Affiliation (optional): \_\_\_\_\_

Health Card # (optional): \_\_\_\_\_

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian Information**

Salutation: Mr.  Miss  Ms.  Mrs.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Permission to pick youth up from meetings? Yes

**Parent/Guardian Information**

Salutation: Mr.  Miss  Ms.  Mrs.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Permission to pick youth up from meetings? Yes

# APPLICATION FOR YOUTH MEMBERSHIP

(Please print all information)



Scout Group: \_\_\_\_\_

- Beavers (5-7)
- Scouts (11-14)
- Rovers (18-26)
- Extreme Adventure (14-17)
- Scouter-in-Training (16-17)
- Wolf Cubs (8-10)
- Venturers (14-17)
- ScoutsAbout (5-10)
- Activity Leader(14-15)

Are there any medical, family circumstances, or religious requirements of which the leader should be aware?

Yes  No

If yes, the leader will arrange a private interview.

These items relate to the Scouts Canada Privacy Policy, and what we can do with the information you provide. Please review the Privacy Policy at [www.scouts.ca](http://www.scouts.ca) before making your choices.

Tick the box if you DO NOT wish to be informed about fundraising and other member benefits not specifically related to your Scouting program.

Tick the box if you DO wish to retain your full Scouting record, even if you are no longer an active member.

**Emergency Contact Information**

Salutation: Mr.  Miss  Ms.  Mrs.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Permission to pick youth up from meetings? Yes

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

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

I understand that participation in Scouting is voluntary, and there is a degree of risk in some Scouting activities. After carefully considering the risk involved, and having full confidence that 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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Rovers 18 years of age and over**

I understand that participation in Scouting is voluntary, and involves a certain degree of risk in some Scouting activities. After carefully considering the risk involved, I as a responsible adult, agree to take the necessary precautions to ensure my personal safety and I apply to become a member of Scouts Canada.

Signature \_\_\_\_\_ Date \_\_\_\_\_ 2002/08/24