



# Youth Member Application

# Y1

V2014 08 21

## Registration Details

This form is to be used only if the proposed Member is under 18 years of age.

|                          |                                 |                                  |                                    |                                   |                                 |                                   |                                 |
|--------------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <b>Scout Group</b>       |                                 |                                  |                                    | <b>Start Date</b>                 |                                 |                                   |                                 |
| <b>Membership Number</b> |                                 |                                  |                                    |                                   |                                 |                                   |                                 |
| <b>Section</b>           | 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                   |                                   |                                 |
| <b>Meeting Night</b>     | Monday <input type="checkbox"/> | Tuesday <input type="checkbox"/> | Wednesday <input type="checkbox"/> | Thursday <input type="checkbox"/> | Friday <input type="checkbox"/> | Saturday <input type="checkbox"/> | Sunday <input type="checkbox"/> |

## Personal Details of Youth Member

|  |  |  |                         |                              |                               |                                 |
|--|--|--|-------------------------|------------------------------|-------------------------------|---------------------------------|
| <b>Surname</b>   |  |  |                         | <b>Gender</b>                | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
| <b>First Name</b>  |  |  | <b>Middle Name</b>      |                              |                               |                                 |
| <b>Date of Birth</b>   |  |  | <b>Country of Birth</b> |                              |                               |                                 |
| <b>Address</b>   |  |  |                         |                              |                               |                                 |
| <b>Suburb</b>  |  |  | <b>State</b>            |                              | <b>Postcode</b>               |                                 |
| <b>Home Phone</b>  |  |  | <b>Mobile</b>           |                              |                               |                                 |
| <b>Email</b>   |  |  |                         |                              |                               |                                 |
| <b>Postal Address (if different)</b>   |  |  |                         |                              |                               |                                 |
| <b>Address</b>   |  |  |                         |                              |                               |                                 |
| <b>Suburb</b>  |  |  | <b>State</b>            |                              | <b>Postcode</b>               |                                 |
| <b>Child's School</b>  |  |  |                         |                              |                               |                                 |
| <b>Is your child of Aboriginal or Torres Strait Islander origin?</b>                       |  |  |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/>   |                                 |
| <b>Is English the primary language spoken at home?</b>                                     |  |  |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/>   |                                 |
| <b>Do you consider your child to have a disability, impairment or long-term condition?</b> |  |  |                         | Yes <input type="checkbox"/> | No <input type="checkbox"/>   |                                 |
| <b>If YES, please describe</b>   |  |  |                         |                              |                               |                                 |
|  |  |  |                         |                              |                               |                                 |
|  |  |  |                         |                              |                               |                                 |

## Agreement and Medical Authority

### Privacy Policy

Personal information is collected primarily for the purpose of considering your child's application for membership to Scouts WA and this information will be treated strictly in accordance with Scouts WA Privacy Policy. A copy of that Privacy Policy may be obtained by visiting our website at [www.scoutswa.com.au](http://www.scoutswa.com.au). At any time upon written request you may gain access to the information Scouts WA holds about you in accordance with the *Privacy Act 1988 (Cwth)* and the National Privacy Principles.

### Use of Images

Consent for photographic / video images of the applicant being taken and used for promotional purposes. Yes  No

### Indemnity

If the applicant is accepted as a member of Scouts WA, I agree to and do hereby indemnify Scouts WA, its Members, employees and agents against all actions, suits, claims and demands arising out of any accident, illness or death which may occur to the applicant during or as a result of the applicant participating in any activity or function connected with Scouting. This includes travelling to or from such an activity or function.

### Medical Authority

I further authorise any Member, employee or agent of Scouts WA, in the event of any accident or illness, to obtain medical assistance or treatment for the applicant as may be considered necessary. This includes to engage any doctors' or nurses' assistance and to request ambulance transport and/or hospital accommodation. In this event, I agree to pay Scouts WA on demand all such doctors' fees, nurses' fees, ambulance fees, hospital fees and other expenses.

**I have read and agree to the above privacy policy, indemnity and medical authority of Scouts WA.**

|  |  |             |  |
|--|--|-------------|--|
| <b>Parent / Guardian Signature</b>                               |  | <b>Date</b> |  |
| <b>Printed Name</b>  |  |             |  |
| <b>Relationship to Child</b><br>(Parent / Guardian / Care Giver) |  |             |  |

## Scouting Knowledge

**I found out about Scouts from (please tick all boxes that are appropriate)**

|                                  |                                   |   |  |  |
|----------------------------------|-----------------------------------|---|--|--|
| Parents <input type="checkbox"/> | School <input type="checkbox"/>   | Newspaper / Magazine <input type="checkbox"/> | TV Commercial <input type="checkbox"/>       | Word of Mouth <input type="checkbox"/> |
| Friend <input type="checkbox"/>  | Internet <input type="checkbox"/> | Royal Show <input type="checkbox"/>           | Display / Promotion <input type="checkbox"/> | Other <input type="checkbox"/>         |

**Parent/ Guardian Details**

**Name listed in field number one (1) will be responsible for Membership Fees**

|                              | 1. Parent / Guardian | 2. Parent / Guardian |
|------------------------------|----------------------|----------------------|
| <b>Relationship to Child</b> |                      |                      |
| <b>First Name</b>            |                      |                      |
| <b>Middle Name</b>           |                      |                      |
| <b>Last Name</b>             |                      |                      |
| <b>Mobile</b>                |                      |                      |
| <b>Home Phone</b>            |                      |                      |
| <b>Work Phone</b>            |                      |                      |
| <b>Email</b>                 |                      |                      |
| <b>Occupation</b>            |                      |                      |
| <b>Home Address</b>          |                      |                      |
| <b>Postal Address</b>        |                      |                      |

|   |  |  |
|---|--|--|
| Parent or Guardian's Interests, Skills, Hobbies |  |  |
|   |  |  |

|                                  |   |                                 |                             |
|----------------------------------|---|---------------------------------|-----------------------------|
| <b>Sensitive Custody Issues:</b> | Yes <input type="checkbox"/> (If yes, please discuss with your Section Leader and sign below) |                                 | No <input type="checkbox"/> |
| <b>Parent Signature</b>          |   | <b>Section Leader Signature</b> |                             |

**Medical Details**

**Disclosure of Medical Information - (Permission to disclose medical information to youth member?)** Yes  No

|  |
|--|
| <p><b>Any allergies, significant medical conditions or special needs that the applicant experiences, which should be known by the Leaders</b> (it is your responsibility to inform the Group Leader/Section if there are ever any changes)</p> <p>eg: bee stings, asthma, epilepsy</p> |
|  |
|  |
|  |

**Previous Records**

|                             |  |                                     |  |
|-----------------------------|--|-------------------------------------|--|
| <b>Previous Scout Group</b> |  |                                     |  |
| <b>Country or State</b>     |  | <b>Youth Transfer Form Attached</b> |  |