SCOUTS®
South Africa

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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.)

Province: GAUTENG District: NORTH WEST

Group: GREENSIDE Branch: ☐ Cub (7-10) ☐ Scout (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.

Signed _____
Father/Mother/Legal Guardian

Date _____
Day Month Year

Personal Details of Recruit

Surname _____ Initials _____

First Names _____

ID Number _____ Date of Birth _____
Day Month Year

Address _____

_____ Code _____

Telephone Home _____ or/and Cell _____

Email Address _____ Sex ☐ Male ☐ Female

Religious denomination _____

Special Conditions (State any handicap, disability, special health conditions, not permitted activity, etc)

_____

_____

E-mail: info@scouting.org.za **Website: www.scouting.org.za** **Tel: 0860 SCOUTS (726887)**
2013/v1

Name Doctor

Doctors Telephone

Medical Aid Scheme

Medical Aid Number

Medical Aid Principal Member

Personal Details of Parent / Legal Guardian

Parent 1:

Surname Initials

First Names

ID Number Date of Birth

Day Month Year

Postal Address

Code

Telephone Work or/and Cell

Email Address Sex Male Female

Marital Status

Occupation

Employer

Parent 2:

Surname Initials

First Names

ID Number Date of Birth

Day Month Year

Postal Address

Code

Telephone Work or/and Cell

Email Address Sex Male Female

Marital Status

Occupation

Employer