

**2014-2015 Scouting Year**  
**PROGRAM PARTICIPANT ENROLMENT FORM**

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The purpose of gathering the information on this form is to provide Scouters 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*. By completing this form, you acknowledge and agree to the use of your personal information as described by the Scouts Canada Privacy Statement at [myscouts.ca/ca/content/privacy-statement](http://myscouts.ca/ca/content/privacy-statement). 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 Scouter will be provided a copy of this form and it is the responsibility of the parent/guardian to notify/update the Scouter of any changes to the medical status of their son/daughter/ward as these changes occur. The parent/guardian should also notify the Scouter if there are any other changes to the information on this application during the year.

**SCOUT GROUP NAME AND ROLE:** \_\_\_\_\_  SCOUTSAbout Sr. (8-10)

Beaver Scout (5-7)       Scout (11-14)       Rover Scout (18-26)       Extreme Adventure (14-17)

Cub Scout (8-10)       Venturer Scout (14-17)       SCOUTSAbout Jr. (5-7)       Schools and Scouting (9-12)

**PARTICIPANT INFORMATION:**       **New Member**       **Returning Member**

Last Name: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Email: \_\_\_\_\_ City: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ *This email will be used as a user name in myscouts.ca if* Prov/Terr: \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy): \_\_\_\_\_ *over 18 years of age* Postal Code: \_\_\_\_\_  
 Gender:  Male     Female Country: \_\_\_\_\_  
 Swimming abilities:  Non Swimmer     Swimmer Preferred Language (English or French): \_\_\_\_\_  
 Are there any family circumstances, cultural or faith requirements of which the scouter should be aware?  Yes     No  
 If yes, please provide details. \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:** *(provide at least one parent/guardian and address if different than above)*

Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Daytime Ph. #: _____	Daytime Ph. #: _____
Evening Ph. #: _____	Evening Ph. #: _____
Other Ph. #: _____	Other Ph. #: _____
Email*: _____	Email*: _____
Street Address: _____	Street Address: _____
City: _____ Prov/Terr: _____	City: _____ Prov/Terr: _____
Postal Code: _____ Country: _____	Postal Code: _____ Country: _____

*Email\*: This email will be used as the parent/guardian's user name in myscouts.ca if participant is under 18 years of age.*

**ALTERNATE EMERGENCY CONTACT INFORMATION:** *(provide at least one emergency contact in addition to parent/guardian above)*

Emergency Contact 1:	Emergency Contact 2:	Emergency Contact 3 (not stored in myscouts):
Last Name: _____	Last Name: _____	Last Name: _____
First Name: _____	First Name: _____	First Name: _____
Daytime Ph. #: _____	Daytime Ph. #: _____	Daytime Ph. #: _____
Evening Ph. #: _____	Evening Ph. #: _____	Evening Ph. #: _____
Alternate Ph. #: _____	Alternate Ph. #: _____	Alternate Ph. #: _____
Relationship to member: _____	Relationship to member: _____	Relationship to member: _____
Permission to pick up youth from meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to pick up youth from meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to pick up youth from meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No

**PHOTO RELEASE AND FUNDRAISING CONSENT:**

Throughout the Scouting year, leaders, parents and Scouts Canada employees take photos and video of youth participating in Scouting activities. These photos are typically kept in Group photo albums and displayed on Group web sites. Some are also submitted to local newspapers and to Scouts Canada's Communications Services where they are often used in Scouts Canada publications and promotional materials.

Tick this box if you **DO NOT** consent to the use of images of yourself and/or your son/daughter/ward as indicated above.

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

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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 Scouter in charge, or designate, to make arrangements for qualified surgical or medical attention for my son/daughter/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 Quebec. I understand that I will be notified by the quickest means possible if this authority is exercised.

INFORMATION FOR MEDICAL EMERGENCIES:

Physician's Name: \_\_\_\_\_ Physician's Ph. #: \_\_\_\_\_

Date of last tetanus shot (Month and Year): \_\_\_\_\_

Insurance Coverage Held (Voluntary in some provinces and territories):  Yes  No \_\_\_\_\_

Provincial/Territorial Health Care Number (Voluntary in some provinces and territories): \_\_\_\_\_

Does the participant have any allergies?  Yes  No If yes, provide details below indicating severity (mild, severe, life threatening):

Please advise of any medical conditions, diseases, operations, disorders or problems the member has had or currently has below.

Does the participant require special care, medication or diet?  Yes  No If yes, please provide details below:

PARENT/GUARDIAN INVOLVEMENT:

Your VOLUNTEER Scouters need your assistance in the operation of your child's program. We know that parents/guardians enjoy participating with their son/daughter/ward and Scouts Canada encourages this. Please feel free to tick off one or more of the boxes below indicating areas in which you would be interested in providing assistance.

- Full-time Scouter/Parent Volunteer, Part-time Scouter/Parent Volunteer, Environment & Nature Lore, Organization & Planning, Committee Administration, Singing, Music, Drawing, Art, Camp Helper, Woodworking, Games, Fundraising, Other: Communications, Outdoor Activities, Cooking, Banquets, Resource Person, Sports, Drama, Skits, Play Acting, Phoning, Science/Engineering Activities, Handicrafts

INFORMATION UPDATE:

Note: parent or guardian must sign the Consent to Participate section at the bottom of this form. This section is to be signed by the parent or guardian when there are updates during the Scouting year.

Updated By (Parent Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Please Print) (mm / dd / yyyy)

Updated By (Parent Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Please Print) (mm / dd / yyyy)

Updated By (Parent Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Please Print) (mm / dd / yyyy)

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 son/daughter/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. I have or I will have, read, understood, agreed to and signed the Code of Conduct, and I will abide by the Code of Conduct as a condition of membership.

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

X Signature Date (mm / dd / yyyy)

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