



APPLICATION FOR MEMBERSHIP

BP SERVICE ASSOCIATION (BPSA)

PLEASE PRINT

New Member []

Returning Member []

I would like my son/daughter/ward registered as:

Otter (5-7) [] Timber Wolf (8-10) [] Explorer (11-15) [] Senior Explorer (15-17) [] Rover (18+) []

The annual fee of \$ _____ is enclosed: Cash [] Cheque [] Interac [] Payment received by: _____

Full Name of Youth is: _____ Birth Year: _____ (yyyy)

Father's Name: _____ Mother's Name: _____

Please complete if applicable:

Father's Partner's Name: _____ Mother's Partner's Name: _____

Street and Mailing Address: _____ Postal Code: _____

Phone No. _____ Cell No. _____ Email: _____

Secondary Email: _____ Youth Email: _____

I agree to receive emails and messages from BPSA and acknowledge that our email address(s) will not be knowingly shared beyond the BP Service Association. Youth will not be contacted by an adult without another Leader or Parent being included.

I grant permission for my son/daughter/ward to be a member in the BP Service Association and to participate fully in all activities.

I hereby grant the BP Service Association permission to use my and/or my child's image in all publications, both print and electronic, and display on the Association's websites. I also give permission for the BP Service Association to give this image to a reputable third party, when requested, for both print and electronic publications.

Yes [] No []

I certify that my son/daughter/ward is in good health and physical condition:

Yes [] No [] (see medical form on reverse)

Are there any medical, dietary, family circumstances, custody issues or religious requirements of which the leader should be aware? YES [] NO [] (If yes, the leader will arrange a confidential private interview.)

Signature of Parent or Guardian: _____ Date: _____

Rovers over the age of 18 do not require a parent's signature, but must sign the form themselves.

PLEASE COMPLETE MEDICAL INFO ON THE REVERSE