

Application for Youth Membership

FOR OFFICIAL USE:							
Date captured on Scouts.Digital:							
D	D	M	M	Y	Y	Y	Y
Membership No:							

This form, together with Annexure 01 is to be completed by all new youth members.
 A copy must be retained by the Group and original forwarded to the Regional Headquarters for registration.
 A new form will need to be completed and submitted to the Group when the youth member changes Branch in the Group or moves to a new Group.

Region: District:

Group:

Branch: Meerkats (5 – 6) Cubs (7 – 10) Scouts (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 Meerkat/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 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 authorise that photos, 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. I agree and authorise further that the Group may publish photographs, statements, audio and visual recordings, video and sound bites taken, recorded and collected from my Ward during activities with SCOUTS South Africa and that these may be uploaded to the Group Facebook Page or other social media platform.

PROTECTION OF PERSONAL INFORMATION ACT (2013):

I consent to SCOUTS South Africa processing any personal information I supply to them for administrating and maintaining my ward's membership of SCOUTS South Africa. I confirm that my personal details and that of my ward may be uploaded to Scouts.Digital.

Signed: Date:

Father/Mother/Legal Guardian

Personal Details of Recruit:

Surname: Initials:

First Names:

Identity No: Date of Birth:

Address: Postal Code:

Religion: Male Female

Telephone Home: And/or Cell No:

Email Address:

Special Conditions: (State any handicap, disability, special health needs & prohibited activities)

School:

Medical Aid Details of Recruit:

Family Doctor:	
Contact Number:	
Medical Aid Scheme	
Medical Aid Number	
Principal Member:	

Personal Details of Parents/Legal Guardians:

Parent One:

Surname:		Initials:	
First Names:			
Identity No:		Date of Birth:	D D M M Y Y Y Y
Postal Address:		Postal Code:	
Physical Address:		Postal Code:	
Religion:			
Telephone Work:		Cell No:	
Email Address:			
Gender:	Marital Status:		
Male Female	Occupation:		
Preferred Communication:	WhatsApp Group:	Email:	

Parent Two:

Surname:		Initials:	
First Names:			
Identity No:		Date of Birth:	D D M M Y Y Y Y
Postal Address:		Postal Code:	
Physical Address:		Postal Code:	
Religion:			
Telephone Work:		Cell No:	
Email Address:			
Gender:	Marital Status:		
Male Female	Occupation:		
Preferred Communication:	WhatsApp Group:	Email:	



I, the undersigned,

acting in my personal capacity / representative capacity as a parent and / or guardian of (delete which is not applicable)

hereby acknowledge as follows:

1. Anyone entering the premises of SCOUTS South Africa does so entirely at his or her own risk. SCOUTS South Africa does not accept responsibility and will not be liable for any loss of or any damage of any kind or any death of or injury to any person whilst participating in any activities organised by or conducted under the auspices of SCOUTS South Africa, whether such loss or death or injury is caused by the negligent act or omission of SCOUTS South Africa, its employees, agents, officers, contractors, affiliates or any other person resulting from any other cause whatsoever.
2. I hereby indemnify and hold harmless SCOUTS South Africa against all or any claims which may be made against SCOUTS South Africa or its employees, agents, officers, contractors, affiliates or any other person by any person including my minor child for any damage of whatever kind arising from the death of any person or any injury to such person whilst such person is or on any premises of SCOUTS South Africa or participating in any activity organised by or conducted under the auspices of SCOUTS South Africa.
3. I confirm that I have read, am familiar with and understand the contents of the Safe Scouting Policy.

Signed at _____ on this _____ day of _____ 20__

Signed: _____
Parent / Legal Guardian

Signed: _____
Witness 1

Signed _____
Witness 2