

APPLICATION TO JOIN The Edmonton Scouting Group



PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SECTION LEADER

About the child

Family name:

Given name:

Address:

Medical or general information that may limit your child's from fully participating in activities e.g. Disabilities, allergies, health problems, diet, etc:

Contact ph:

Mobile:

E-mail:

Date of Birth:

Date of last Tetanus injection:

Consent to take part in SCOUTS New Zealand (Keas) (Cubs) (Scouts)

I agree to my son or daughter becoming part of SCOUTS New Zealand at this Scout Group and fully participating in its adventurous activities.

I agree that photographs taken during the course of activities and events are the property of SCOUTS New Zealand and may be used in publicity and marketing of SCOUTS New Zealand.

I agree to share in the organising and running of this Scout Group. Including assisting as required.

Signed
(Parent/Caregiver)

Please print your name

Date

Privacy Act

In compliance of the Privacy Act 1993 the following is brought to your attention.

- The Scout Association of New Zealand and this Scout Group collect personal information.
- The information is collected to: -
 - enable enrolment in SCOUTS New Zealand
 - make arrangements for your son's and daughter's participation, safety and welfare
 - allow communication with you, your son and daughter and your family
 - allow for the planning and delivery of effective services through The Scout Association of New Zealand
- The information is being collected by this Group for SCOUTS New Zealand and will be used by the organisers and managers. It will form part of a directory of Scout personnel and membership records and is available to your Group, Zone and Region. It may be used to inform you about products and services offered or recommended by SCOUTS New Zealand, and opportunities to support SCOUTS New Zealand's work.
- The information will be held securely, stored electronically and used for SCOUTS New Zealand purposes only.
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Please pass this completed form to your Kea/Cub/Scout leader, check the website for the current joining fee, and record your payment details here.

Fee Payment Date:

Amount:

Reference used:

About You

	Parent / Caregiver 1	Parent / Caregiver 2
Family name:		
Given name:		
Address:		
Phone home work mobile		
Email:		
Relationship to Child		
Occupation		
Skills or hobbies that may be useful		
Please indicate any previous involvement with youth organisations. E.g. Cub, Scout, Warranted Leader.		

How You Can Support Our Group

<i>Scouts is a community group and we can only operate with the support and participation of parents. Please indicate (tick) how you can best help to make your child's time in SCOUTS a real adventure.</i>	Parent/Caregiver 1	Parent/Caregiver 2
Be a Leader		
Be a Helper at meetings and other activities		
Serve on the Group Committee		
Help with the repair and Maintenance at the Hall		
Help with Gardening Projects		
Secretarial work - i.e. word processing, copying		
Marketing - Design brochures / distribute these		
Publicity - Write newspaper/ newsletter articles		
Help with fundraising activities		
Help with repair and maintenance of equipment		
Training and testing for Interest Badges		
Help supervise games and other activities at Kea, Cub, Scout meetings and camps		
Providing transport for Keas, Cubs, Scouts		
Assistance with social functions		
Sewing Scarves		
Other - Please indicate any other ways you can help		

Uniform

Please visit the website to find out how to correctly measure your child for their new uniform, or check with other members <http://www.scoutingdirect.co.nz/Home.aspx> (then click on the uniform shirts and then check out sizes)

Shirt Size	<input type="checkbox"/> (4) <input type="checkbox"/> (6) <input type="checkbox"/> (8) <input type="checkbox"/> (10) <input type="checkbox"/> (12) <input type="checkbox"/> (14) - adult sizes are also available
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Thanks for joining us!

