

Youth Information

Existing Member #: _____

Salutation: Mr. Miss Ms. Mrs. Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Nickname: _____

Gender: Male Female Birth Date (DD/MM/YYYY): ____/____/____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

E-mail address: _____

Home Phone: (____)____-____

Religious Affiliation (optional): _____

Health Card # (optional): _____

School Attended: _____ Grade: _____

Parent/Guardian Information

Salutation: Mr. Miss Ms. Mrs. Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone:(____)____-____ Occupation: _____

Day Phone: (____)____-____ Employer: _____

E-mail address: _____

Relationship to Youth: _____

Permission to pick youth up from meetings? Yes

Parent/Guardian Information

Salutation: Mr. Miss Ms. Mrs. Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone:(____)____-____ Occupation: _____

Day Phone: (____)____-____ Employer: _____

E-mail address: _____

Relationship to Youth: _____

Permission to pick youth up from meetings? Yes

APPLICATION FOR YOUTH MEMBERSHIP

(Please print all information)



Scout Group: _____

- Beavers (5-7)
- Scouts (11-14)
- Rovers (18-26)
- Extreme Adventure (14-17)
- Scouter-in-Training (16-17)
- Wolf Cubs (8-10)
- Venturers (14-17)
- ScoutsAbout (5-10)
- Activity Leader(14-15)

Are there any medical, family circumstances, or religious requirements of which the leader should be aware?

Yes No

If yes, the leader will arrange a private interview

These items relate to the Scouts Canada Privacy Policy, and what we can do with the information you provide. Please review the Privacy Policy at www.scouts.ca before making your choices.

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

Tick the box if you DO wish to retain your full Scouting record, even if you are no longer an active member.

Emergency Contact Information

Salutation: Mr. Miss Ms. Mrs. Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone:(____)____-____ Permission to pick youth up from meetings? Yes

Day Phone: (____)____-____

Relationship to Youth: _____

To be completed if the Applicant is under 18 years of age

I understand that participation in Scouting is voluntary, and there is a degree of risk in some Scouting activities. After carefully considering the risk involved, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter/ward), I grant permission for my child/ward to become a member of Scouts Canada and participate fully in its activities.

Signature of Parent/Guardian _____

Date _____

To be completed by Rovers 18 years of age and over

I understand that participation in Scouting is voluntary, and involves a certain degree of risk in some Scouting activities. After carefully considering the risk involved, I as a responsible adult, agree to take the necessary precautions to ensure my personal safety and I apply to become a member of Scouts Canada.

Signature _____

Date _____