2013-2014 Scouting Year

PROGRAM PARTICIPANT ENROLMENT FORM





The purpose of gathering the information on this form is to provide leaders 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. Scouts Canada's Personal Information Protection Procedures and Guiding Principles* and an explanation of this form may be viewed on Scouts Canada's web site at scouts.ca/ca/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 leader will be provided a copy of this form and it is the responsibility of the parent/guardian to notify/update the leader of any changes to the medical status of their child/ward as these changes occur. The parent/guardian should also notify the leader 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)	Extreme Adventure (14-17)			
	t (11-14) Rover Scout (18-26) urer Scout (14-17) SCOUTSAbout Jr. (5-			
PARTICIPANT INFORMATION:	☐ New Member ☐ Returning Member	Preferred Language:		
Last Name:	Evening Ph. #:	Street Address:		
First Name:		City: Prov/Terr: Postal Code:		
Middle Name:				
Nickname:	*This email will be used as a user name in myscouts.ca if over 18 years of age			
Date of Birth (mm/dd/yyyy):	—			
Gender: Male Female		Country:		
Provincial/Territorial Health Care Number	er:	Faith Affiliation:		
Are there any family circumstances, cultu Yes No If yes, please prov	ral or faith requirements of which the leader showide details.	ould be aware?		
PARENT/GUARDIAN INFORMATION	: (provide at least one parent/guardian)			
Parent(s)/Guardian(s) Name:	Parent(s)/Guardian(s) Na	me		
Last Name:	Last Name:			
First Name:	First Name:			
Middle Name:	Email:			
Daytime Ph. #:	Daytime Ph. #:	Daytime Ph. #:		
Evening Ph. #:	Evening Ph. #:	Evening Ph. #:		
Other Ph. #:	Other Ph. #:	Other Ph. #:		
Email**:	Email**:			
	lian's user name in myscouts.ca if participant is under 18 yea	ars of age.		
ALTERNATE EMERGENCY CONTACT	INFORMATION: (provide one emergency co	ontact 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:		
Relationship to member:	Relationship to member:	Relationship to member:		
Permission to pick up youth from meetings: Yes No	Permission to pick up youth from meetings: Yes No	Permission to pick up youth from meetings: Yes No		
Daytime Ph. #:	Daytime Ph. #:	Daytime Ph. #:		
Evening Ph. #:		Evening Ph. #:		
Alternate Ph. #:	Alternate Ph. #:	Alternate Ph. #:		

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 leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/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.

Applicant Last Name:	2013-2014 Scouting Year Applicant First Name: Sourie GAMAN				
INFORMATION FOR MEDICAL EME	ERGENCIES:				
Physician's Name:	Physician's Phone #:				
Swimming abilities: Non Swimmer Date of last tetanus shot (Month and Year):	Swimmer (Highest Level Achieved)):			
Insurance Coverage Held: Yes					
Does the participant have any allergies?	Yes No If yes please p	provide details below:			
Please advise of any medical conditions, dis	eases, operations, disorders or problems the men	nber has had or currently has. Provide details below:			
Does the participant require special care, m	edication, or diet?	No Please provide details below:			
		nd video of youth participating in Scouting activities. me are also submitted to local newspapers and to			
Scouts Canada's Communications Services of I consent to the use of images of I wish to be informed about fun	where they are often used in Scouts Canada publi of myself and/or my child/ward as indicated a adraising and other member benefits not spec	ications and promotional materials. above.			
Scouts Canada's Communications Services of I consent to the use of images of I wish to be informed about fun PARENT/GUARDIAN INVOLVEMENT Your VOLUNTEER leaders need your assista	where they are often used in Scouts Canada publiof myself and/or my child/ward as indicated adraising and other member benefits not specification. WT: Index in the operation of your child's program. We ages this. Please feel free to tick off one or more of the company of th	ications and promotional materials. above. cifically related to your Scouting program. e know that parents/guardians enjoy participating with			
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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 child/ward to become a member of Scouts Canada and participate fully in its activities.

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.

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

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