

Youth Information☐ New☐ Returning

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 InformationSalutation: 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: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Beavers (5-7) | <input type="checkbox"/> Wolf Cubs (8-10) | <input type="checkbox"/> Scouts (11-14) |
| <input type="checkbox"/> Venturers (14-17) | <input type="checkbox"/> Rovers (18-26) | <input type="checkbox"/> Activity Leader (14-15) |
| <input type="checkbox"/> ScoutsAbout Jr. (5-7) | <input type="checkbox"/> ScoutsAbout Sr. (8-10) | |
| <input type="checkbox"/> Extreme Adventure (14-17) | <input type="checkbox"/> Scouter-in-Training (16-17) | |

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 can be done 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 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.

Signature of Parent/Guardian

Date

To be completed by Rovers 18 years of age and over

I will subscribe to the Mission, Principles, Practices and Methods of Scouts Canada. I will abide by the By-law, 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.

Signature

Date