

**PROGRAM PARTICIPANT ENROLMENT FORM**



This form is to be filled out by the parent/guardian at the beginning of each Scouting year. This form will be forwarded to the local council office and a copy will be kept by the leader. The purpose for gathering information is to ensure that Leaders have the appropriate information to facilitate the participation of youth in the activities of Scouts Canada and to be able to respond in the event of an emergency. **It is the parent's/guardian's responsibility to update the leader of any changes in the medical status of their child/ward throughout the Scouting year.**

To find out more about the form, visit <http://www.scouts.ca/inside.asp?cmPageID=647>

**SCOUT GROUP NAME:** \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| <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"/> Scouter - in - Training (16-17) |  |
| <input type="checkbox"/> SCOUTSabout Jr. (5-7) | <input type="checkbox"/> SCOUTSabout Sr. (8-10)  | <input type="checkbox"/> Extreme Adventure (14-17)       |  |

**PARTICIPANT INFORMATION:**     **New**             **Returning**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender:  Male  Female Date of Birth (d/m/yy): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Faith Affiliation: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

\*Provincial Health Care Number: \_\_\_\_\_ \* *Voluntary in some provinces*

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Parent/Guardian Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

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

- Yes       No      If yes, please advise leader of details.

**PARENT/GUARDIAN INVOLVEMENT:**

Your VOLUNTEER leaders need your assistance in the operation of your child's program. We know that parents/guardians enjoy participating with their child/ward and Scouts Canada encourages this. Please feel free to tick off one or more of the boxes below, indicating areas which you would be interested in providing assistance.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Full-time leader | <input type="checkbox"/> Communications          | <input type="checkbox"/> The Environment & Nature Lore |
| <input type="checkbox"/> Part-time leader | <input type="checkbox"/> Organization & Planning | <input type="checkbox"/> Outdoor Activities            |
| <input type="checkbox"/> Committee        | <input type="checkbox"/> Cooking, Banquets       | <input type="checkbox"/> Singing, Music                |
| <input type="checkbox"/> Resource Person  | <input type="checkbox"/> Drawing, Art            | <input type="checkbox"/> Sports                        |
| <input type="checkbox"/> Camp Helper      | <input type="checkbox"/> Dramatics, Skits        | <input type="checkbox"/> Woodworking                   |
| <input type="checkbox"/> Phoning          | <input type="checkbox"/> Games                   | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Fund Raising     | <input type="checkbox"/> Handicrafts             |  |

**MEDICAL/EMERGENCY INFORMATION:**

Insurance Coverage Held:  Yes     No \_\_\_\_\_

Does the participant have any allergies?  Yes     No    **If Yes Please Provide Details Below:**

**Please advise of any medical conditions, diseases, operations, disorders or problems the member has had or currently has. Provide details below:**

Does the participant require special care, medication or diet?     Yes     No

Please Provide Details: \_\_\_\_\_

Date of last tetanus shot (Month and Year): \_\_\_\_\_

Swimming abilities:     Non Swimmer     Swimmer    **(Highest Level Achieved):** \_\_\_\_\_

First Name: \_\_\_\_\_

2006 -2007 Scouting Year

Page 2 of 2

Last Name: \_\_\_\_\_

**EMERGENCY PROCEDURES**

**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.

**EMERGENCY CONTACT INFORMATION:**

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_ Permission to pick youth up from meeting/activity?  Yes  No

**INFORMATION UPDATE:**

**Updated By:**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please print) dd / mm / yyyy

**Updated By:** \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please print) dd / mm / yyyy

**Updated By:** \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please print) dd / mm / yyyy

**PRIVACY POLICY INFORMATION & PHOTO RELEASE CONSENT**

*Please note: 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. See also Scouts Canada's website [www.scouts.ca](http://www.scouts.ca) for Scouts Canada's Personal Information Protection Procedures and Guiding Principles.*

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](http://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 us to retain your full Scouting record, even if you are no longer an active member.

Throughout the Scouting year, leaders, parents and Scouts Canada employees take photos and video of youth participating in Scouting activities. These photos are typically kept in group photo albums and displayed on group web sites. Some are also submitted to local newspapers and to Scouts Canada's Communications Services where they are often used in Scouts Canada publications and promotional materials.

**Unless otherwise stated below, I consent to the use of images of myself and/or my child/ward as indicated above.**

I DO NOT wish to have the images used as indicated above.

**CONSENT TO PARTICIPATE**

**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.

**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 of Parent/Guardian \_\_\_\_\_ Date dd / mm / yyyy

Signature \_\_\_\_\_ Date dd / mm / yyyy

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