

**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*. *Scout's Canada's Personal Information Protection Procedures and Guiding Principles* and an explanation of this form may be viewed on Scout's Canada's website at [www.scouts.ca/ef](http://www.scouts.ca/ef). 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:**

- Beavers (5-7)       Wolf Cubs (8-10)       Scouts (11-14)       Venturers (14-17)  
 Rovers (18-26)       Activity Leader (14-15)       Extreme Adventure (14-17)  
 SCOUTSabout Jr. (5-7)       SCOUTSabout Sr. (8-10)       Scouter-In-Training (16-17)

**PARTICIPANT INFORMATION:**     New Member       Returning Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Gender:  Male  Female    Date of Birth (d/m/yy): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ Email: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_  
 Other Ph. #: \_\_\_\_\_ Faith Affiliation: \_\_\_\_\_  
 Provincial Health Care Number: \_\_\_\_\_ (*Voluntary in some provinces*)

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 INFORMATION:**

Parent(s)/Guardian(s) Name (if address same as above): \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent/Guardian: Daytime Ph. #: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
(not stored in MMS)  
 Parent(s)/Guardian(s) Name (if address different from above): \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent/Guardian: Daytime Ph. #: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
(not stored in MMS)

**EMERGENCY CONTACT INFORMATION:**      (*names in addition to above*)

Name of Contact : \_\_\_\_\_ Daytime Ph. #: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_  
 Other Ph. # \_\_\_\_\_ Relationship to youth: \_\_\_\_\_  
(not stored in MMS)  
 Permission to pick youth up from meeting/activity?  Yes     No

**INFORMATION FOR MEDICAL EMERGENCIES:**      (*Medical information is not stored in MMS*)

Physicians Name: \_\_\_\_\_ Physicians Phone #: \_\_\_\_\_  
 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): \_\_\_\_\_



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

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

**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.

**PHOTO RELEASE AND FUNDRAISING CONSENT:**

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

**PARENT/GUARDIAN INVOLVEMENT:** *(This information is not stored in MMS)*

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 in which you would be interested in providing assistance.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Full-time Leader/Parent Volunteer | <input type="checkbox"/> Communications            | <input type="checkbox"/> Environment & Nature Lore      |
| <input type="checkbox"/> Part-time Leader/Parent Volunteer | <input type="checkbox"/> Organization & Planning   | <input type="checkbox"/> Outdoor Activities             |
| <input type="checkbox"/> Committee Administration          | <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"/> Drama, Skits, Play Acting | <input type="checkbox"/> Woodworking                    |
| <input type="checkbox"/> Phoning                           | <input type="checkbox"/> Games                     | <input type="checkbox"/> Science/Engineering Activities |
| <input type="checkbox"/> Fundraising                       | <input type="checkbox"/> Handicrafts               | <input type="checkbox"/> Other                          |

**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)*

**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.