



2016-2017 Scouting Year PROGRAM PARTICIPANT ENROLMENT FORM

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The purpose of gathering the information on this form is to provide Scouters 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. By completing this form, you acknowledge and agree to the use of your personal information as described by the Scouts Canada Privacy Statement at myscouts.ca/ca/content/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 Scouter will be provided a copy of this form and it is the responsibility of the parent/guardian to notify/update the Scouter of any changes to the medical status of their son/daughter/ward as these changes occur. The parent/guardian should also notify the Scouter if there are any other changes to the information on this application during the year.

Mandatory fields are marked with the symbol '*'

SCOUT GROUP NAME AND ROLE*: _____

- Beaver Scout (5-7)
 Cub Scout (8-10)
 Scout (11-14)
 Venturer Scout (14-17)
 Rover Scout (18-26)
- Other : _____

MEMBER INFORMATION:

New Member
 Returning Member

First Name*: _____ Middle Name: _____
 Last Name*: _____ Date of Birth (mm/dd/yyyy)*: _____
 Gender*: Male Female
 Evening Phone*: _____ Daytime Phone: _____
 Other Phone: _____ Email*: _____
This email will be used as a user name in myscouts.ca if over 18 years of age
 Street Address*: _____ City*: _____
 Prov/Terr*: _____ Postal Code*: _____
 Preferred Language: English French
 Are there any family circumstances, cultural or faith requirements of which the Scouter should be aware? Yes No
 If yes, please provide details.* _____

PARENT/GUARDIAN INFORMATION: (provide at least one parent/guardian and address if different than above)

First Name*: _____	First Name*: _____
Last Name*: _____	Last Name*: _____
Date of Birth (mm/dd/yyyy): _____	Date of Birth (mm/dd/yyyy): _____
Evening Phone: _____	Evening Phone: _____
Daytime Phone: _____	Daytime Phone: _____
Other Phone: _____	Other Phone: _____
Email***: _____	Email*: _____
Street Address: _____	Street Address: _____
City: _____ Prov/Terr: _____	City: _____ Prov/Terr: _____
Postal Code: _____ Country: _____	Postal Code: _____ Country: _____

*Email***: This email will be used as the parent/guardian's user name in myscouts.ca if participant is under 18 years of age.*

ALTERNATE EMERGENCY CONTACT INFORMATION: (provide at least one emergency contact in addition to parent/guardian above)

Emergency Contact 1*: Last Name*: _____ First Name*: _____ Daytime Phone*: _____ Evening Phone*: _____ Other Phone: _____ Relationship to member*: _____ Permission to pick up youth from meetings*: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact 2: Last Name: _____ First Name: _____ Daytime Phone: _____ Evening Phone: _____ Other Phone: _____ Relationship to member: _____ Permission to pick up youth from meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact 3: Last Name: _____ First Name: _____ Daytime Phone: _____ Evening Phone: _____ Other Phone: _____ Relationship to member: _____ Permission to pick up youth from meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No
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2016-2017 Scouting Year

Member Last Name: _____ Member 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 Scouter in charge, or designate, to make arrangements for qualified surgical or medical attention for my son/daughter/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.

INFORMATION FOR MEDICAL EMERGENCIES:

Provincial/Territorial Health Care Number (Voluntary in some provinces and territories): _____

Physician's Name: _____ Physician's Phone: _____

Insurance Coverage Held (Voluntary in some provinces and territories)*: Yes No _____

Does the participant have any allergies?* Yes No If yes, provide details below indicating severity (mild, severe, life threatening)*:

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

Does the participant require special care, medication or diet?* Yes No If yes, please provide details below*:

Date of last tetanus shot (Month and Year): _____ Swimming Abilities: Non Swimmer Swimmer

PHOTO RELEASE, FUNDRAISING AND COMMUNICATIONS 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.

- Tick this box if you **DO NOT** consent to the use of images of yourself and/or your son/daughter/ward as indicated above.*
- Tick this box if you wish to be informed about fundraising and other member benefits not specifically related to your Scouting program.*
- Tick this box if you wish to receive relevant and timely information about your Scouting program from Scouts Canada via email or mail.*

PARENT/GUARDIAN INVOLVEMENT:

Your VOLUNTEER Scouters need your assistance in the operation of your child's program. We know that parents/guardians enjoy participating with their son/daughter/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 Scouter/Parent Volunteer | <input type="checkbox"/> Cooking, Banquets | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Singing, Music | <input type="checkbox"/> Phoning |
| <input type="checkbox"/> Environment & Nature Lore | <input type="checkbox"/> Resource Person | <input type="checkbox"/> Games |
| <input type="checkbox"/> Part-time Scouter/Parent Volunteer | <input type="checkbox"/> Drawing, Art | <input type="checkbox"/> Science/Engineering Activities |
| <input type="checkbox"/> Organization & Planning | <input type="checkbox"/> Sports | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Camp Helper | <input type="checkbox"/> Handicrafts |
| <input type="checkbox"/> Committee Administration | <input type="checkbox"/> Drama, Skits, Play Acting | <input type="checkbox"/> Other: _____ |

INFORMATION UPDATE: *Note: parent or guardian must sign the Consent to Participate section at the bottom of this form. This section is to be signed by the parent or guardian when there are updates during the Scouting year.*

Updated By(Parent Name): _____ Signature: _____ Date: _____
(Please Print) (mm/dd/yyyy)

Updated By(Parent Name): _____ Signature: _____ Date: _____
(Please Print) (mm/dd/yyyy)

Updated By(Parent Name): _____ Signature: _____ Date: _____
(Please Print) (mm/dd/yyyy)

CONSENT TO PARTICIPATE:

To be completed if the Member 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 son/daughter/ward, to become a member of Scouts Canada and participate fully in its activities.

To be completed by Rover Scouts 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-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. I have or I will have, read, understood, agreed to and signed the Code of Conduct, and I will abide by the Code of Conduct as a condition of membership.

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

X _____
 Signature of Participant over 18 Date (mm/dd/yyyy)

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

* mandatory fields