



YOUTH MEMBER REGISTRATION FORM

Part A APPLICANT DETAILS (To be completed by the Parent or Guardian)

Please complete the fields below or tick the appropriate boxes

First Name	<input type="text"/>	Middle Name	<input type="text"/>
Surname	<input type="text"/>	Preferred Name	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of Birth	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Postal Address	<input type="text"/>
Home Address	<input type="text"/>	Alternate Phone	<input type="text"/>
Home Phone	<input type="text"/>		
Is the above number silent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the above number silent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email address	<input type="text"/>		
Religion (Optional)	<input type="text"/>	Nationality (Optional)	<input type="text"/>
Family Code: <i>Only required if applicant has family members already registered</i>			

Part B APPOINTMENT DETAILS (To be completed by the Group/Sectional Leader)

Please ensure that this part is completed and signed by a Leader. CORRECT MEMBERSHIP REGISTRATION FEES MUST BE ENCLOSED. The Group Leader is responsible for ensuring that this form is completed correctly with Membership Registration Fees to accompany this application. Incomplete forms will be returned to the Group Leader with a note regarding incomplete fields.

Group Name (eg: "Sample Scout Group")	<input type="text"/>		
	Is the above Group Chartered? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please specify the section that the Youth Member will be attending:	<input type="checkbox"/> Joey Scouts (6-8 years)	Please indicate the name of the Mob/Pack/Troop eg Monday Troop <input type="text"/>	
	<input type="checkbox"/> Cub Scouts (7-11 years)		
	<input type="checkbox"/> Scouts (10-15 years)	Date commenced with Group	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="checkbox"/> Venturers (14-18 years)		
	<input type="checkbox"/> Rovers (17-26 years)		
Signature of Group Leader/Section Leader	<input type="text"/>		
Appointment	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part C PAYMENT OPTIONS

Please specify the payment type and amount that is to be paid. (Registration costs can be found on the sheet attached to this application form)

Cash	<input type="checkbox"/>	▶	\$ <input type="text"/>
Cheque	<input type="checkbox"/>	▶	Please write the Cheque Number ▶ <input type="text"/> Cheque must be marked "Not Negotiable" and payable to Scouts Australia Queensland Branch Inc
Credit Card	<input type="checkbox"/>	▼	
Credit Card Number	<input type="text"/>		
Cardholders name	<input type="text"/>		
Cardholders Signature	<input type="text"/>		
Card Expiry Date	<input type="text"/> / <input type="text"/>	Please specify the amount that is to be paid	\$ <input type="text"/>

Part D

AIM AND PRINCIPLES

AIM OF THE MOVEMENT

The Aim of The Scout Association of Australia is to encourage the physical, intellectual, emotional, social and spiritual development of young people so that they take a constructive place in society as responsible citizens, and as members of their local, national and international communities.

PRINCIPLES OF THE MOVEMENT

The Principles of Scouting, as identified by the Founder, are that Scouts should serve God, act in consideration of the needs of others and develop and use their abilities to the betterment of themselves and their families, and the community in which they live. The three principles are represented by a Code of Conduct, which characterises all members of the Movement, and are referred to as "Duty to God", "Duty to Others" and "Duty to Self".

THE ASSOCIATION THROUGH IT'S AIM AND PRINCIPLES DELIVERS A PROGRAM THAT:

- Provides a safe and caring environment
- Provides opportunities for personal development
- Provides an ongoing program using the Scout method
- Provides opportunities for you and your family to be a part of the Scouting family
- Keeps you informed of your child's progress

THE ASSOCIATION EXPECTS PARENTS/GUARDIANS TO TAKE AN ACTIVE INTEREST IN THE PROGRESS OF THE CHILD BY:

- Showing support of the Aim and Principles of the Movement in the home environment.
- Supporting the development aspects of the Scout Program.
- Supporting the Group family by assisting with outings, activities and the overall running of the Group.
- Keeping Leaders advised of any special needs the child may have or develop.

Part E

PRIVACY POLICY

I/we acknowledge that I/we have been given an opportunity to read and consider this indemnity and Privacy Policy and have read and considered it to my/our satisfaction, and I/we accept those terms. I/we have received a copy of, or am aware of the Scouts Queensland Privacy Policy and I/we consent to the information collected on this form and through Scouting activities to be used in accordance with the rights and obligations set out in that policy which is also available on the website www.scoutsqld.com.au

Part F

MEMBER RELEASE AND INDEMNITY

In consideration of the Scout Association of Australia – Queensland Branch Inc accepting me or my child as a member or accepting me or my child as a non-member partaker in an activity(s) I/we agree to release, indemnify and save harmless; and at all times hereafter to keep released, indemnified and saved harmless the indemnified persons (as defined in Definition A) from and against all liability, claims, suits, demands or actions of whatsoever nature or description, including liability, claims, suits, demands or actions for negligence directly or indirectly arising out of or in relation to my/my child's attendance or conduct at, or travel to or from any Scouting Activity.

I/we agree to be bound by the Constitution Rules and Regulations of the Scout Association of Australia – Queensland Branch Inc being those existing as at the time of acceptance of me as a member/or non-member participating in a scouting activity and thereafter as lawfully modified and amended or added to from time to time.

I/we acknowledge that the intent of this Indemnity is that it may be pleaded in limitation of liability by the indemnified person with respect to any claim that may be brought against the indemnified person.

I/we acknowledge that the intent of this Indemnity is to benefit the indemnified person and agree for the purposes of Section 55 of the Property Law Act (Qld) that acceptance of me/ my child as a member of the Scout Association of Australia – Queensland Branch Inc or as me/ my child as a non-member attending a scouting activity will constitute an acceptance by all the Indemnified persons of the benefit conferred by this application for membership/non-member activity advice.

I/we authorise the Scout Association of Australia – Queensland Branch Inc and all other branches of the Scout Association of Australia in the event of accident or illness to myself/my child to obtain such medical assistance or treatment as may be necessary and for this purpose to engage any doctors nursing assistance or hospital accommodation or other procedures and in such an event I agree to pay for those expenses and if necessary reimburse the Scout Association of Australia – Queensland Branch Inc or any other branch of the Scout Association of Australia for such expenses on demand.

I/we acknowledge that as member/non member myself/my child may be exposed to risk of injury as a result of participating in scouting activities.

I/we acknowledge that if the Scouting Association of Australia-Queensland Branch Inc permits the member to partake in scouting activities such permission constitutes consideration for the above indemnity.

I/we acknowledge that I have been given an opportunity to read and consider this indemnity and have read and considered it to my satisfaction and I/we accept those terms.

I/we acknowledge that as a member of The Scout Association of Australia, Queensland Branch Inc. I/my child may participate in activities which may be photographed or filmed for publicity and archival purposes. This enables us to raise the profile of Scouting within the community. Photographs, footage and information gathered may be used in The Scout Association of Australia, Queensland Branch Inc promotional material including but not restricted to: newsletters, annual reports, brochures, posters, videos, letters and website. The Scout Association of Australia, Queensland Branch Inc would be happy to send you copies of promotional material if requested.

It is acknowledged that the information contained on this form will be scanned by the Association and the Association will hold an electronic copy of this form and the information contained in it. Consent is hereby given to these actions proposed by the Association.

Definition A:- The term "Indemnified Persons" means and includes: The Scout Association of Australia, Queensland Branch Inc. (herein referred to as Scouts Queensland); Scouts Australia; all Branches of Scouts Australia; all subsidiary companies of Scouts Queensland; all subsidiary companies of Scouts Australia; every Director, Executive Officer, Officer, Employee, Leader, Member, Servant or Agent or person holding Appointments from Scouts Queensland or Scouts Australia or any Branch of Scouts Australia and any persons retained in any way by Scouts Queensland or Scouts Australia whether in official or unofficial capacity and whether a volunteer or otherwise to supervise, direct, watch over, or assist Members of Scouts Queensland or Scouts Australia thereof in Scouting Activities.

Part G

PARENT/GUARDIAN OR APPLICANT

Where an Applicant is over the age of 18 years, signature is required in signature box.
If no 2nd Signature, please state reason under 2nd Parent/Guardian box e.g. "Single Parent"

BHQ USE ONLY

1st Parent/Guardian or Applicant if over 18

Mr Mrs Miss Ms

Surname

First Name

Relationship to Applicant:
 Father Mother Guardian Applicant
Over 18

If applicant is 18 years or over, I agree to abide by the Association's Code of Conduct.

Signature

Date / /

2nd Parent / Guardian

Mr Mrs Miss Ms

Surname

First Name

Relationship to Applicant:
 Father Mother Guardian

Signature

Date / /

Reason for no 2nd

Signature

Receipt No	<input type="text"/>
Amount \$	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Processed	<input type="text"/> / <input type="text"/>
Processed by	<input type="text"/>
Member No.	<input type="text"/>
Cert Sent by	<input type="text"/>

