



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*. Scouts Canada's *Personal Information Protection Procedures and Guiding Principles* and an explanation of this form may be viewed on Scouts Canada's web site at scouts.ca/ca/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 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: _____ ☐ SCOUTSAbout Sr. (8-10)

☐ Beaver Scout (5-7) ☐ Scout (11-14) ☐ Rover Scout (18-26) ☐ Extreme Adventure (14-17)

☐ Cub Scout (8-10) ☐ Venturer Scout (14-17) ☐ SCOUTSAbout Jr. (5-7) ☐ Schools and Scouting (9-12)

PARTICIPANT INFORMATION: ☐ New Member ☐ Returning Member

Last Name: _____ Street Address: _____ Email*: _____

First Name: _____ Daytime Ph. #: _____

Middle Name: _____ City: _____ Evening Ph. #: _____

Nickname: _____ Prov/Terr: _____ Other Ph. #: _____

Gender: ☐ Male ☐ Female Postal Code: _____ Faith Affiliation: _____

Date of Birth (mm/dd/yyyy): _____ Country: _____ Primary Language Spoken: _____

Email*: This email will be used the youth member's user name in myscouts.ca if participant is over 18 years of age

Are there any 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):	Parent(s)/Guardian(s) Name (if address different from above):
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Email*: _____	Email: _____
Daytime Ph. #: _____	Daytime Ph. #: _____
Evening Ph. #: _____	Evening Ph. #: _____
Other Ph. #: _____	Other Ph. #: _____

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

ALTERNATE EMERGENCY CONTACT INFORMATION: (optional, names in addition to parents/guardians above)

Emergency Contact 1:	Emergency Contact 2:	Emergency Contact 3:
Last Name: _____	Last Name: _____	Last Name: _____
First Name: _____	First Name: _____	First Name: _____
Daytime Ph. #: _____	Daytime Ph. #: _____	Daytime Ph. #: _____
Evening Ph. #: _____	Evening Ph. #: _____	Evening Ph. #: _____
Alternate Ph. #: _____	Alternate Ph. #: _____	Alternate Ph. #: _____
Relationship to member: _____	Relationship to member: _____	Relationship to member: _____
Permission to pick up youth from meetings:	Permission to pick up youth from meetings:	Permission to pick up youth from meetings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.



Applicant Last Name: _____ Applicant First Name: _____

INFORMATION FOR MEDICAL EMERGENCIES:

Prov/Terr Health Care Number: (Voluntary in some provinces and territories) _____

Physician's Name: _____ Physician's 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 below: _____

Date of last tetanus shot (Month and Year): _____

Swimming abilities: ☐ Non Swimmer ☐ Swimmer (Highest Level Achieved): _____**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.

☐ I consent to the use of images of myself and/or my child/ward as indicated above.☐ I wish to be informed about fundraising and other member benefits not specifically related to your Scouting program.**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 in which you would be interested in providing assistance.

- ☐ Full-time Leader/Parent Volunteer
☐ Part-time Leader/Parent Volunteer
☐ Camp Helper
☐ Committee Administration
☐ Communications
☐ Cooking, Banquets
☐ Drawing, Art

- ☐ Drama, Skits, Play Acting
☐ Environment & Nature Lore
☐ Fundraising
☐ Games
☐ Handicrafts
☐ Organization & Planning
☐ Outdoor Activities

- ☐ Phoning
☐ Resource Person
☐ Science/Engineering Activities
☐ Singing, Music
☐ Sports
☐ Woodworking
☐ 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 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 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.

X

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

X

Signature Date (mm / dd / yyyy)

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