Participant Information New Returning	APPLICATION FOR MEMBERSHIP	
Existing Member #:	FOR PROGRAM PARTICIPANTS	
Salutation: Mr. \square Miss \square Ms. \square Mrs. \square Other		
Last Name:	_	
First Name:		
Middle Name:	Scout Group: — Beavers (5-7)	
Nickname:		
Gender: Male Female Birth Date (DD/MM/YYYY):/	SCOUTSabout Jr. (5-7) SCOUTSabout Sr. (8-10)	
Address:	Are there any medical, family circumstances, or religious requirements of which the leader should be aware?	
City: Prov.: Postal Code:	_	
E-mail address:	Yes No No	
Home Phone: ()	If yes, the leader will arrange a private interview.	
Religious Affiliation (optional):	, _, ,,	
Health Card # (optional):	Privacy Policy information	
School Attended: Grade:	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 before making your choices.	
Parent/Guardian/Emergency Contact Information Salutation: Mr. Miss Ms. Mrs. Other	Tick the box if you DO NOT wish to be informed about fundraising and other member benefits not specifically related to your Scouting program.	
Last Name:	Tick the box if you DO wish us to retain your full Scouting record, even if	
First Name:	you are no longer an active member.	
Middle Name:	Throughout the Scouting year leaders, parents and Scouts Canada employees take photos and video of youth participating in Scouting activities.	
Street Address:		
City: Prov: Postal Code:	web sites. Come are also submitted to local newspapers and to Cocute Con	
Home Phone:	Unless otherwise stated below, I consent to the use of images of myself and/or	
E-mail address:	my child/ward as indicated above.	
Relationship to Youth:	 I do not wish to have images used as indicated above. 	
Emergency Contact? Yes Permission to pick youth up from meetings? Yes Parent/Guardian/Emergency Contact Information Salutation: Mr. Miss Ms. Mrs. Other Last Name: First Name:	precautions will be taken to ensure the safety and well-being of my (son/	
Middle Name:	Signature of Parent/Guardian Date	
Street Address:	— — — — — — — — — — — — — — — — — — —	
City: Prov: Postal Code:	Livill subscribe to the Mission, Principles, Practices and Methods of Scouts	
Home Phone:() Occupation:	I understand that participation in Scouts Canada is voluntary and involves a	
Day Phone: () Employer:	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, reason-	
E-mail address:	 able precautions to ensure the safety of other members (youth and adult) as well as my personal safety. 	
Relationship to Youth:		
Emergency Contact? Permission to pick youth up from meetings? Yes Yes	Signature Date	