



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

Form fields for Surname, First Name, Middle Name, Preferred Name, Gender, Date of Birth, Home Address, Home Phone, Place of Birth, Postal Address, and Mobile Phone.

Is the above number silent? Yes No

Form fields for Email address, Religion, Nationality, and Family Code.

Form fields for 'How did you find out about Scouts?' with checkboxes for Word of mouth, Advertisements, Scouting display, Other, Previously involved, Website, TV, and Radio.

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

Form field for Group Name (eg: "Sample Scout Group")

Form fields for section selection (Joey Scouts, Cub Scouts, Scouts, Venturer Scouts, Rover Scouts) and Mob/Pack/Troop name.

Form fields for Signature of Group Leader/Sectional Leader and Appointment Date.

BHQ USE ONLY table with fields for Date Received, Application number, and Member number.

Form fields for Applicant's name and Formation.

PURPOSE OF THE MOVEMENT

The Purpose 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 ITS PURPOSE 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 Purpose 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 D

PRIVACY POLICY

1.	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.	Yes	No
2.	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	Yes	No

Part E

MEMBER RELEASE AND INDEMNITY

In consideration of The Scout Association of Australia, Queensland Branch Inc accepting me , my child as a member or supporter 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.

1.	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.	Yes	No
2.	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.	Yes	No
3.	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.	Yes	No
4.	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.	Yes	No
5.	I/we acknowledge that as member/supporter myself/my child may be exposed to risk of injury as a result of participating in scouting activities.	Yes	No
6.	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.	Yes	No
7.	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.	Yes	No
8.	I/we acknowledge that as a member or supporter 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.	Yes	No
9.	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.	Yes	No

Applicant’s name:

Formation:

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 F 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"

1st Parent/Guardian or Applicant if over 18	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
First name:	
Surname:	
Relationship to Applicant:	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian or <input type="checkbox"/> Applicant over 18	
<i>If applicant is 18 years or over, I agree to abide by the Association's Code of Conduct and have signed and attached A20 form</i>	
Signature	Date

2nd Parent/Guardian	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
First name:	
Surname:	
Relationship to Applicant:	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian or <input type="checkbox"/> Applicant over 18	
Signature	Date
If unsigned: Reason for no 2 nd signature	

Applicant's name:

Formation:

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)

Amount

\$

Cash



\$

*BHQ Use Only :
Receipt Number*

Bank Transfer



Account Name : Scouts Australia Queensland Branch Inc. **BSB** : 034-193 **ACC** : 428438

Date of transfer

Transfer
reference

Applicant's name:

Formation: