



## 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](http://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.

