



ScoutsTT

MF02/2017

☐ New ☐ Existing



**GO SCOUTING!**  
**EXPERIENCE THE ADVENTURE**

**Youth Membership Form**

# WELCOME TO SCOUTING



You have made a great decision to join the number one youth organization in Trinidad and Tobago.

Scouts experience adventure and have fun taking part in activities as diverse as kayaking, hiking, expeditions overseas, photography, climbing and archery. As a Scout you can learn survival skills, first aid, how to cook or even how to fly a plane. It's a great way for every young person to have fun, make friends, get outdoors, express your creativity and experience the wider world.

At ScoutsTT, we create leaders of tomorrow through a non-formal, values-based programme that offers young people from 7 to 25 years old fun and challenging activities, unique experiences, everyday adventure and the chance to help others so that we make a positive impact in communities.

We hope you are as excited as we are to experience new adventure together!

## Section

|   |                           |                      |
|---|---------------------------|----------------------|
| <input type="checkbox"/> Cub Scouts     | Group name                | <input type="text"/> |
| <input type="checkbox"/> Scouts         | Group Registration number | <input type="text"/> |
| <input type="checkbox"/> Venture Scouts | District Council          | <input type="text"/> |
| <input type="checkbox"/> Rover Scouts   |                           | <input type="text"/> |

**Previous Membership.** If transferring from one group to another, or from one section to another.

|                | Yes                      | No                       | From                 | To                   |
|----------------|--------------------------|--------------------------|----------------------|----------------------|
| Cub Scouts     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Scouts         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Venture Scouts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Previous Group/s

Previous progress level attained?

- |   |  |
|---|--|
| <input type="checkbox"/> Bronze Arrow   | <input type="checkbox"/> Advanced Scout Standard |
| <input type="checkbox"/> Silver Arrow   | <input type="checkbox"/> Chief Scout Award       |
| <input type="checkbox"/> Gold Arrow     | <input type="checkbox"/> Venture Scout Award     |
| <input type="checkbox"/> Scout Standard | <input type="checkbox"/> President's Scout Award |

## SECTION A: About the Individual

Membership number (if previously registered)

(applications must be submitted with two (2) passport photos)

First Name

Initials



Surname

Date of Birth (DD MM YY)

Gender

☐ M ☐ F

ID type (ID, DP, or PP) & number

Home address




Postal address (if different)




Home phone number

Mobile phone number



Email address

Native language is English

☐ Y ☐ N

Faith/religion

Emergency Contact

Relationship

Contact number



Insurance Beneficiary (*ScoutsTT Membership Plan*)

Interest in joining (choose up to 4)

- |   |  |
|---|--|
| <input type="checkbox"/> Adventure          | <input type="checkbox"/> Family member was a scout |
| <input type="checkbox"/> Outdoor activities | <input type="checkbox"/> Friends in scouting       |
| <input type="checkbox"/> Fun                | <input type="checkbox"/> Learn survival skills     |
| <input type="checkbox"/> Uniform            | <input type="checkbox"/> Friends are scouts        |
| <input type="checkbox"/> Discipline         | <input type="checkbox"/> Make new friends          |



## SECTION B: Parental Information

|           |   |                      |
|-----------|---|----------------------|
| GUARDIAN  | Surname   | First name           |
|           | <input type="text"/>  | <input type="text"/> |
|           | Home phone number   | Mobile phone number  |
|           | <input type="text"/>  | <input type="text"/> |
| MOTHER    | Email address   |                      |
|           | <input type="text"/>  |                      |
|           | Employment status: eg. <i>employed, retired, or self employed</i> |                      |
|           | <input type="text"/>  |                      |
| FATHER    | Employer  |                      |
|           | <input type="text"/>  |                      |
|           | Occupation  |                      |
|           | <input type="text"/>  |                      |
| PARENT 1: | Work address / Phone  |                      |
|           | <input type="text"/>  |                      |
|           | <input type="text"/>  |                      |
|           |   |                      |
| GUARDIAN  | Surname   | First name           |
|           | <input type="text"/>  | <input type="text"/> |
|           | Home phone number   | Mobile phone number  |
|           | <input type="text"/>  | <input type="text"/> |
| MOTHER    | Email address   |                      |
|           | <input type="text"/>  |                      |
|           | Employment status: eg. <i>employed, retired, or self employed</i> |                      |
|           | <input type="text"/>  |                      |
| FATHER    | Employer  |                      |
|           | <input type="text"/>  |                      |
|           | Occupation  |                      |
|           | <input type="text"/>  |                      |
| PARENT 2: | Work address/phone  |                      |
|           | <input type="text"/>  |                      |
|           | <input type="text"/>  |                      |
|           |   |                      |

### For official use only

|   |   |
|---|---|
| <input type="checkbox"/>                                  | Reviewed and verified by Group Leader. Name, Signature and Date |
| <input type="text"/>                                      | <input type="text"/>  |
| <input type="checkbox"/>                                  | Reviewed and verified by National Office                        |
| <input type="text"/>                                      | <input type="text"/>  |
| Application entered on system and membership card issued. |   |
| <input type="text"/>                                      | <input type="text"/>  |
| DATE  | RECEIPT NUMBER  |

## PARTICIPATION AUTHORISATION AND COMMITMENT STATEMENT

I (PRINT NAME OF SCOUT) \_\_\_\_\_ have read, understand, and agree to abide by the code of conduct of the Scout Movement and the rules and guidelines of

The \_\_\_\_\_ Scout Group.

I/We (PRINT NAME/S) \_\_\_\_\_

as parent(s) or guardian(s) of the above named Scout, have read, understand, and agree that the information provided is to our best knowledge accurate and to:

- abide by the guidelines of ScoutsTT and to help to the best of our ability to have our Scout live by the Scout Promise and Law
- actively participate in the scout program and to obey the guidelines and policies of the assigned Scout Group.
- actively participate and support the group in its activities and program, and lend any support and assistance possible to the group's leaders as may be requested from time to time.

I/We give permission for my/our child to participate in Scouting activities, subject to all medical limitations as provided on the annual medical form.

### MEDICAL CONSENT - PART 1

In the event reasonable attempts to contact the above individuals have been unsuccessful,

☐ I hereby give my consent for: the administration of any treatment deemed necessary by a licensed physician or dentist; and The transfer of the scout to preferred medical facility or any hospital reasonably accessible or directed by the attending physician. In the absence of any listed facility scouts will be taken to a public health facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. The disclosure of facts concerning the scout's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted.

\_\_\_\_\_  
Date and Signature of Parent or Guardian

### REFUSAL TO CONSENT - PART 2 (Do not complete if you completed Part 1)

☐ I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Scout Group authorities to take **no action (other than instructions listed to emergency contact or as directed to the Adult Leader for any particular event.**

\_\_\_\_\_  
Date and Signature of Parent or Guardian

**Signed by Applicant (please sign within space provided)**

**Signed by Parent or Guardian**

ScoutsTT