



SOUTH AFRICAN SCOUT ASSOCIATION

Application for Membership

This form is to be completed by all new members. A copy must be retained by the new member and the original forwarded to the Provincial Scout Headquarters for registration

PROVINCE _____

DISTRICT _____ Computer Number

GROUP _____

I, _____, parent / legal guardian /custodian of (usual name) _____, shall be glad if you will accept this application for my child / ward to be admitted as a member of your Group.

I understand that the Cub / Scout programme is an active one, which includes opportunities for adventure, service and fun.

I undertake to provide my child / ward with the required uniform, see that he / she attends meetings regularly and pays his / her membership contributions.

I am aware of the Child Protection Policy of the South African Scout Association, which aims to safeguard the welfare of all members by protecting them from physical, sexual and emotional harm.

I am aware that the South African Scout Association accepts no responsibility for any loss, injury or damage that the person or property of my child / ward may sustain whilst engaged in any Scouting activity and I waive any right that I or my child / ward may have to claim compensation against the South African Scout Association or other members in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

Signed _____ Date _____
 Father / Mother / Legal Guardian / Custodian

PERSONAL DETAILS OF RECRUIT

Surname _____

First name(s) _____

Address _____

_____ Code _____

Telephone _____ Date of Birth
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Email _____

Religious denomination _____

Special conditions _____
 (State any handicap, disability, special health condition etc)

Advancement level (if previously a Cub or Scout) _____

Date to be invested _____