



Youth Member Application

Y1
V20181019

This form is to be used only if the proposed Member is under 18 years of age.

Only Group Leader or Section Leader use in this section

Scout Group				Investiture Date / Application Date			
Membership Number				Regular Meeting Night			
Section	Joey Mob 1		Cub Pack 1		Scout Troop 1		Venturer Unit 1
	Joey Mob 2		Cub Pack 2		Scout Troop 2		Venturer Unit 2

Parent or Guardian to complete the following sections

Previous Membership – If none, please leave blank.

Previous Scout Group			
Country or State		Previous membership number	

Group Leader please note: If the proposed applicant has been a member in Western Australia previously, please contact the Membership Officer at Branch HQ so the previous records can be reactivated.

Personal Information of Youth Member

First Name				Middle Name			
Last Name				Date of Birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Country of Birth			

Does your child to have a disability, impairment or long-term condition?
(This will not prevent their participation in Scouting, but will better help the Leader meet your child's needs)

Yes No **If YES, please detail below**

Behavioural Cognitive Developmental Intellectual Learning
 Neurological Physical Sensory Social or at risk Other (please detail)

Addresses

Home Address						
Suburb		State		Postcode		

Postal Address						
Suburb		State		Postcode		

Contact Details

Home Phone			Silent? <input type="checkbox"/>	Mobile			Silent? <input type="checkbox"/>
Email							

Referral Sources – Please tick all boxes that are appropriate

Parents <input type="checkbox"/>	School <input type="checkbox"/>	Newspaper / Magazine <input type="checkbox"/>	TV Commercial <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>	Friend <input type="checkbox"/>
Internet <input type="checkbox"/>	Royal Show <input type="checkbox"/>	Used to be a Scout/Guide <input type="checkbox"/>	Display / Promotion <input type="checkbox"/>	Other <input type="checkbox"/>	

School Details

Child's School							
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Parent/Guardian Details

The person listed in field number one (1) will receive the annual Membership Fees and all notifications and correspondence

	Parent / Guardian 1	Parent / Guardian 2
Relationship to Child		
First Name		
Middle Name		
Last Name		
Gender		
Home Phone	Silent? <input type="checkbox"/>	Silent? <input type="checkbox"/>
Work Phone		
Mobile	Silent? <input type="checkbox"/>	Silent? <input type="checkbox"/>
Email		
Occupation		
Home Address		
Postal Address (if different)		
Skills or hobbies		
Volunteer service	<input type="checkbox"/> Become a Leader <input type="checkbox"/> Parent helper <input type="checkbox"/> Become a committee member <input type="checkbox"/> Assist with award scheme <input type="checkbox"/> Assist at working bees <input type="checkbox"/> Transport for camps <input type="checkbox"/> Transport for outings <input type="checkbox"/> Teach youth special skills <input type="checkbox"/> Have a tow bar <input type="checkbox"/> Use of a trailer	<input type="checkbox"/> Become a Leader <input type="checkbox"/> Parent helper <input type="checkbox"/> Become a committee member <input type="checkbox"/> Assist with award scheme <input type="checkbox"/> Assist at working bees <input type="checkbox"/> Transport for camps <input type="checkbox"/> Transport for outings <input type="checkbox"/> Teach youth special skills <input type="checkbox"/> Have a tow bar <input type="checkbox"/> Use of a trailer

Sensitive Custody Issues:	Yes <input type="checkbox"/> (If yes, please discuss with your Section Leader and sign below)	No <input type="checkbox"/>
Parent Signature		If yes, Section Leader Signature
Group Leader informed	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Demographical Questions

Is your child of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is you child from a Non-English speaking background?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Scouts WA Liability Statement (Waiver)

In consideration for being allowed to enter and participate in any activity or program at any place or site where any Scouts WA activity or program is conducted, the undersigned (**Parent or Guardian**) agrees as follows:

1. The Member understands that there are inherent risks associated with participation in any activity or program at any place or site where any Scouts WA activity or program is conducted, ranging from minor injuries to serious injuries, such as paralysis, or death, and agree to assume those risks. Whilst on approved Scouting activities, members of Scouts WA will continue to be covered by the Scouts WA insurance program.
2. The Member agrees to take care for themselves and others, and to immediately advise Scouts WA staff or members if they consider they are in danger, or may be unable to complete any activity without jeopardising their safety or the safety of others. The Member must not participate in any activity while under the influence of alcohol or drugs, and must refrain from behaviour which could affect the Member's safety, the safety of others, or any equipment or devices being used in any activities.
3. Comply with all reasonable directions and instructions given by Scouts WA officers or employees, including warnings or safety instructions for the use of all equipment and devices.
4. Except where required by mandatory operation of law, Scouts WA shall not be liable to the Member for any personal injury, death, loss or damage to property, or for any direct, indirect, special or consequential loss or damage suffered by them or any other person. This clause does not exclude any entitlement that Scouts WA members have under the Scouts WA insurance policy whilst on approved Scouting activities.
5. Scouts WA members have cover under the Scouts WA insurance policy whilst on approved Scouting activities. The Member (on their own behalf and on behalf of their executors, successors, representatives, assigns, and next of kin) hereby releases, waives, and agrees to forego any claim they may have or may later acquire against Scouts WA, its officers, or employees for any liability arising from any occurrence at any Scouts WA activity centre which leads to their personal injury or death, or any loss or damage to personal property including, without limitation, any direct, indirect, or consequential loss or damage that may arise from the same.
6. The Member agrees that they are 18 years of age or over. If not, their legal parent or guardian must sign this waiver on their behalf or, if they are not the legal parent or guardian, they agree that they sign this with the express permission of the child's legal parent or guardian.
7. The Member agrees to execute sign and execute this Waiver as a condition of participating in activities at Scouts WA activity centres. If the Member (or, if the Member is a child, a person authorised to sign on behalf of the Member) does not execute the Waiver then Scouts WA may refuse the Member entry to any Scouts WA activity centre, and the Member may not participate in activities at these centres.
8. This Waiver is not intended to reduce, or invalidate, the insurance cover to members of Scouts WA engaged in approved Scouting activities. That insurance cover operates separately. Although as a result of the waivers, Scouts WA itself may have no liability outside of its specific member insurance, its insurer may provide specific cover for specific events to Scouts WA members engaged in official Scouting activities, and in such circumstances Scouts WA's liability is limited to the amount of cover so provided.

Agreement and Medical Authority

Privacy Policy

Personal information is collected primarily for the purpose of considering your child's application for membership to Scouts WA and this information will be treated strictly in accordance with Scouts WA Privacy Policy. A copy of that Privacy Policy may be obtained by visiting our website at www.scoutswa.com.au. At any time upon written request you may gain access to the information Scouts WA holds about you and your child in accordance with the *Privacy Act 1988 (Cwth)* and the National Privacy Principles.

Use of Images

By applying for membership it is accepted that photos of the applicant may be used for promotional purposes and on Scouts WA managed media channels. It is also accepted that it is impossible for Scouts WA to guarantee that photos will not be used on external sites or Scouts WA media sites.

Medical Authority

I further authorise any Member, employee or agent of Scouts WA, in the event of any accident or illness, to obtain medical assistance or treatment for the applicant as may be considered necessary. This includes to engage any doctors' or nurses' assistance and to request ambulance transport and/or hospital accommodation. In this event, I agree to pay Scouts WA on demand all such doctors' fees, nurses' fees, ambulance fees, hospital fees and other expenses.

I have read and agreed to the terms of the above Scouts WA Liability Statement (Waiver) and the above privacy policy, use of images statement ad medical authority.

Signature of Parent or Guardian		Date	
Printed Name			
Relationship to Child (Parent / Guardian / Care Giver)			