

**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 website at [www.scouts.ca/ef](http://www.scouts.ca/ef). 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:** \_\_\_\_\_

- Beavers (5-7)     
  Cubs (8-10)     
  Scouts (11-14)  
 Venturers (14-17)     
  Rovers (18-26)  
 SCOUTSabout Jr. (5-7)     
  SCOUTSabout Sr. (8-10)     
  Extreme Adventure (14-17)

**Youth Leadership Role**

- Activity Leader (14-15)  
 Scouter-In-Training (16-17)

**PARTICIPANT INFORMATION:**     New Member                       Returning Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Gender:  Male  Female    Date of Birth (dd/md/yyyy): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/Terr: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ Email: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_  
 Other Ph. #: \_\_\_\_\_ Faith Affiliation: \_\_\_\_\_  
 Provincial/Territorial Health Care Number: \_\_\_\_\_ *(Voluntary in some provinces and territories)*

Are there any medical, 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): \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent/Guardian: Daytime Ph. #: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
*(not stored in MMS)*

Parent(s)/Guardian(s) Name (if address different from above): \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent/Guardian: Daytime Ph. #: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
*(not stored in MMS)*

**ALTERNATE EMERGENCY CONTACT INFORMATION:** *(names in addition to parents/guardians above)*

Name of Contact : \_\_\_\_\_ Daytime Ph. #: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_  
 Other Ph. #: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_  
*(not stored in MMS)*      Permission to pick youth up from meeting/activity?     Yes     No

**INFORMATION FOR MEDICAL EMERGENCIES:** *(Medical information is not stored in MMS)*

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_  
 Insurance Coverage Held:     Yes     No  
 Does the participant have any allergies?     Yes     No    If yes please provide details below:

\_\_\_\_\_

Please advise of any medical conditions, diseases, operations, disorders or problems the member has had or currently has. Provide details below:

\_\_\_\_\_

Does the participant require special care, medication, or diet?                       Yes                       No

Please provide details: \_\_\_\_\_

Date of last tetanus shot (Month and Year): \_\_\_\_\_

Swimming abilities:     Non Swimmer                       Swimmer    (Highest Level Achieved): \_\_\_\_\_

