



The Scout Association of Australia, Queensland Branch Inc.

YOUTH MEMBER REGISTRATION FORM

Form: A5

Issue: 29

Date: 02/18

Part A APPLICANT DETAILS (To be completed by the Parent or Guardian)

Please complete the fields below or tick the appropriate boxes

First Name	<input type="text"/>	Middle Name	<input type="text"/>
Surname	<input type="text"/>	Preferred Name	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address	<input type="text"/> PC: <input type="text"/>	Postal Address	<input type="text"/>
Home Phone	<input type="text"/>	Alternative Phone	<input type="text"/>

Is the above number silent? Yes ☐ No ☐

Is the above number silent? Yes ☐ No ☐

Email address	<input type="text"/>		
Religious Affiliation/Faith	<input type="text"/>	Nationality (Optional)	<input type="text"/>

Family Code: *Only required if applicant has family members already registered*

How did you find out about Scouts?	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Ekka	<input type="checkbox"/> TV	<input type="checkbox"/> Previously involved
Please tick the appropriate box(es)	<input type="checkbox"/> Advertisements	<input type="checkbox"/> Website	<input type="checkbox"/> Radio	<input type="checkbox"/> Scouting display/building
	<input type="checkbox"/> Other ►	<input type="text"/>		

Part B APPOINTMENT DETAILS (To be completed by the Group/Sectional Leader)

Group Name (eg: "Sample Scout Group")	<input type="text"/>		
Please specify the section that the Youth Member will be attending:	<input type="checkbox"/> Joey Scouts (5-7 years)*	Please indicate the name of your Mob / Pack / Troop eg. "Monday"/"White Wolf"/"Seeonee"	
	<input type="checkbox"/> Cub Scouts (7-11 years)		
	<input type="checkbox"/> Scouts (10-15 years)	<input type="text"/>	
	<input type="checkbox"/> Venturer Scouts (14-18 years)		
	<input type="checkbox"/> Rover Scouts (18-25 years)**	Date commenced with Group <input type="text"/>	
	<small>*Must have had their fifth birthday and be eligible to start Year 1 prior to commencing in this Section</small>		
	<small>**Rover Scouts to sign the A20 and appropriate Blue Card Form and attach to this form when submitting</small>		
Signature of Group Leader/Section Leader	<input type="text"/>		
Appointment	<input type="text"/>	Date	<input type="text"/>

BSQ USE ONLY						
Date Received	<input type="text"/>	<table><tr><td>Member No</td><td>Mail Tracking #</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Member No	Mail Tracking #	<input type="text"/>	<input type="text"/>
Member No	Mail Tracking #					
<input type="text"/>	<input type="text"/>					

Name:

Formation:

Part C**PURPOSE AND PRINCIPLES****PURPOSE OF THE MOVEMENT**

The Purpose of The Scout Association of Australia is to encourage the physical, intellectual, emotional, social and spiritual development of young people so that they take a constructive place in society as responsible citizens, and as members of their local, national and international communities.

PRINCIPLES OF THE MOVEMENT

The Principles of Scouting, as identified by the Founder, are that Scouts should serve God, act in consideration of the needs of others and develop and use their abilities to the betterment of themselves and their families, and the community in which they live. The three principles are represented by a Code of Conduct, which characterises all members of the Movement, and are referred to as *“Duty to God”*, *“Duty to Others”* and *“Duty to Self”*.

THE ASSOCIATION THROUGH ITS PURPOSE AND PRINCIPLES DELIVERS A PROGRAM THAT:

- Provides a safe and caring environment
- Provides opportunities for personal development
- Provides an ongoing program using the Scout method
- Provides opportunities for you and your family to be a part of the Scouting family
- Keeps you informed of your child’s progress

THE ASSOCIATION EXPECTS PARENTS/GUARDIANS TO TAKE AN ACTIVE INTEREST IN THE PROGRESS OF THE CHILD BY:

- Showing support of the Purpose and Principles of the Movement in the home environment.
- Supporting the development aspects of the Scout Program.
- Supporting the Group family by assisting with outings, activities and the overall running of the Group.
- Keeping Leaders advised of any special needs the child may have or develop.

Part D**PRIVACY POLICY**

1.	I/we acknowledge that I/we have been given an opportunity to read and consider this indemnity and Privacy Policy and have read and considered it to my/our satisfaction, and I/we accept those terms.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I/we have received a copy of, or am aware of the Scouts Queensland Privacy Policy and I/we consent to the information collected on this form and through Scouting activities to be used in accordance with the rights and obligations set out in that policy which is also available on the website www.scoutsqld.com.au	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part E**RELEASE AND INDEMNITY**

In consideration of The Scout Association of Australia, Queensland Branch Inc accepting me, my child as a member or supporter or accepting me or my child as a non-member partaker in an activity(s) I/we agree to release, indemnify and save harmless; and at all times hereafter to keep released, indemnified and saved harmless the indemnified persons (as defined in Definition A) from and against all liability, claims, suits, demands or actions of whatsoever nature or description, including liability, claims, suits, demands or actions for negligence directly or indirectly arising out of or in relation to my/my child’s attendance or conduct at, or travel to or from any Scouting Activity.

1.	I/we agree to be bound by the Constitution Rules and Regulations of the Scout Association of Australia – Queensland Branch Inc being those existing as at the time of acceptance of me as a member/or non-member participating in a scouting activity and thereafter as lawfully modified and amended or added to from time to time.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I/we acknowledge that the intent of this Indemnity is that it may be pleaded in limitation of liability by the indemnified person with respect to any claim that may be brought against the indemnified person.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	I/we acknowledge that the intent of this Indemnity is to benefit the indemnified person and agree for the purposes of Section 55 of the Property Law Act (Qld) that acceptance of me/my child as a member of the Scout Association of Australia – Queensland Branch Inc or as me/my child as a non-member attending a scouting activity will constitute an acceptance by all the Indemnified persons of the benefit conferred by this application for membership/non-member activity advice.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	I/we authorise the Scout Association of Australia – Queensland Branch Inc and all other branches of the Scout Association of Australia in the event of accident or illness to myself/my child to obtain such medical assistance or treatment as may be necessary and for this purpose to engage any doctors nursing assistance or hospital accommodation or other procedures and in such an event I agree to pay for those expenses and if necessary reimburse the Scout Association of Australia – Queensland Branch Inc or any other branch of the Scout Association of Australia for such expenses on demand.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	I/we acknowledge that as member/supporter myself/my child may be exposed to risk of injury as a result of participating in scouting activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	I/we acknowledge that if the Scouting Association of Australia-Queensland Branch Inc permits the member to partake in scouting activities such permission constitutes consideration for the above indemnity.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	I/we acknowledge that I have been given an opportunity to read and consider this indemnity and have read and considered it to my satisfaction and I/we accept those terms.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	I/we acknowledge that as a member or supporter of The Scout Association of Australia, Queensland Branch Inc. I/my child may participate in activities which may be photographed or filmed for publicity and archival purposes. This enables us to raise the profile of Scouting within the community. Photographs, footage and information gathered may be used in The Scout Association of Australia, Queensland Branch Inc promotional material including but not restricted to: newsletters, annual reports, brochures, posters, videos, letters and website. The Scout Association of Australia, Queensland Branch Inc would be happy to send you copies of promotional material if requested.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	It is acknowledged that the information contained on this form will be scanned by the Association and the Association will hold an electronic copy of this form and the information contained in it. Consent is hereby given to these actions proposed by the Association.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name:

Formation:

Part F

PARENT/GUARDIAN OR APPLICANT

Where an Applicant is over the age of 18 years, signature is required in signature box.
If no 2nd Signature, please state reason under 2nd Parent/Guardian box e.g. "Single Parent"

1st Parent/Guardian or Applicant if over 18

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

First Name

Relationship to Applicant:

☐ ☐ ☐ or ☐
 Father Mother Guardian Applicant over 18

*If applicant is 18 years or over, I agree to abide by the Association's Code of Conduct
and have signed and attached A20 form*

Signature

Date

2nd Parent / Guardian

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

First Name

Relationship to Applicant:

☐ ☐ ☐ or ☐
 Father Mother Guardian Applicant over 18

Signature

Date

If unsigned:
Reason for no
2nd signature

Name:

Formation:

Part G**PAYMENT OPTIONS**

Please specify the payment type and amount that is to be paid. (Registration costs can be found attached to this application form)

AMOUNT

\$

Cash ☐*BHQ Use Only : Receipt Number*Cheque ☐

Cheque must be marked "Not Negotiable" and payable to "Scouts Australia Queensland Branch Inc"

Cheque Number

Bank Transfer ☐**Account Name** : Scouts Australia Queensland Branch Inc.**BSB** : 034 010**ACC** : 156 442

Date of Transfer

Transfer /
Deposit Reference

“

”

Credit Card ☐

(Visa or Mastercard ONLY)

Credit Card Number

Cardholders name

Cardholders Signature

Card Expiry Date

/

Amount

\$

"Get in the Game" Voucher

☐

Name:

Formation:

NEW MEMBER ENROLMENT FEES

1 January 2018 – 31 March 2019

January 2018	February 2018	March 2018
\$66	\$66	\$66

All Youth Members joining the Movement in January, February and March 2018 will pay the above fee and will be further invoiced in April 2018 in line with renewal fees as published on the Scouts Queensland Website at www.scoutsqld.com.au

April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018
\$193.00	\$183.00	\$175.00	\$165.00	\$155.00	\$145.00

Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
\$135.00	\$128.00	\$118.00	\$68.00	\$68.00	\$68.00

Rover Scouts: Pay the above Registration Fee PLUS the \$12.50 Rover Scout Levy.

NOTES FOR PARENTS/GUARDIANS AND LEADERS

1. Registration Form and Process:

- 1.1. The Registration Fee must be obtained, before a non-member commences any Scouting activity
- 1.2. Family concessions are available at time of renewal only (not for new registrations) for the second and subsequent current Youth Member/s who are a Member of the Joey Scout, Cub Scout, Scout and Venturer Scout Section/s.
- 1.3. Refer to POLICY & RULES (available from the Scouts Australia Website) for the minimum age requirements for each Section. Applicants who do not meet the minimum age requirements of the Joey Scout Section cannot be registered.
- 1.4. The Youth Member Registration Form (Form A5) must be completed and forwarded to the Branch Support Office along with the correct registration fee, within seven days of the Parent(s)/Guardian(s)/Applicant signing the form to:

Scouts Queensland
PO Box 520
TOOWONG QLD 4066

or youth.membership@scoutsqld.com.au

- 1.5. The Registration Form must signed by the Parent(s) or Guardian(s) or by the Applicant if 18 years of age or over. If there is only one parent signature, please provide a reason for only one signature, e.g. "Single Parent".
- 1.6. Ensure that each section of the form has been completed. Incomplete forms will be returned to the Group Leader.
- 1.7. A Registration Certificate will be forwarded to the Group upon receipt of the completed A5 form and correct registration fee.

2. Indemnity and Insurance:

- 2.1. The Purpose and Principles (Part C), Privacy Policy (Part D) and Member Release and Indemnity (Part E), MUST BE COMPLETED AND SIGNED.
- 2.2. For information on the Association's insurance policies, please refer to the insurance guides on our website at www.scoutsqld.com.au or ask your Group Leader.
- 2.3. Please note an excess applies to any Personal Accident Insurance Claims.

3. Young Adults (Rovers Scouts):

- 3.1. Where an Applicant is over the age of 18 years, their parents signatures are not required.
- 3.2. If the applicant is over the age of 18 years the Application form must be accompanied by a signed A20 Rover Indemnity Form and either a "Blue Card Application" or "Link applicant/cardholder to this organisation" form. These forms are available on the Association's website or contact the Branch Support Office on (07) 3870 7000.
- 3.3. Youth Members progressing from Venturer Scouts to Rover Scouts must complete an A20 Rover Indemnity Form to replace the previous Indemnity Statement signed by Parents or Guardians and either a "Blue Card Application" or "Link applicant/cardholder to this organisation" form

4. Refunds:

- 4.1. If the new member decides to withdraw within six weeks of joining, Branch Support Office will credit/refund the money paid provided a written request for a refund is received within the next four weeks.