



1st Balmoral Sea Scouts

Late Registration Form

Please complete all the requested information below and post this form, together with a cheque for the Annual Fee to 1st Balmoral Sea Scouts, PO Box 193 Spit Junction NSW 2088. The completed form and payment must be received at the PO Box by Thursday 21st February. Leaders will not accept forms or payment. From Friday 22nd, vacancies in the Group will be offered to those on the waiting list.

The Annual Fee for renewing members for 2013 is \$300.

Of this amount, \$136 goes to Scouts Australia NSW Branch, for administration and insurance and \$164 is retained by the Group to help fund operating expenses. The remainder of operating expenses is provided by hall hire, fundraising and sponsorships.

Cub/Scout/Venturer Personal Details:

Family Name _____ Full Given Names _____

Date of Birth _____ Nationality _____

Home Address _____

The following Email/Home Phone/Mobile Numbers are for communication with Parents/Carers

Email Address _____

Home Phone (primary) _____ Mobile Phone (primary) _____

Home Phone (alternate) _____ Mobile Phone (alternate) _____

Please also complete the following two pages of Family and Medical information, so that we can keep our records up to date.

In particular, please ensure that ALL relevant medical information is provided, including any behavioural conditions, so that Leaders are properly informed and best able to exercise their duty of care to our Youth members. Medical information is kept confidential to the Leader Team.

**SCOUTS AUSTRALIA
NEW SOUTH WALES**

FAMILY DETAILS

(not required for Applicants over 18)

The Scout Group is a community organisation. It exists because people like you want to make the individual training and development that Scouting is famous for, available for your children. It is expected that every family that joins the Group will contribute in some way. Some families assist by serving on the management or fundraising committee, others prefer to assist in practical ways such as maintaining or fixing facilities or equipment, while others assist with the running of a Section as an Adult Leader or Parent Helper.

NAME OF MOTHER (OR GUARDIAN) _____
OCCUPATION _____
EMPLOYER _____
WORK PHONE () _____ MOBILE () _____
EMAIL ADDRESS _____
SKILLS & HOBBIES _____
SPORTING OR LEISURE INTERESTS _____

ARE YOU A CURRENT OR FORMER MEMBER OF SCOUTS NSW ? YES NO

MEMBERSHIP NUMBER (if known)

EXPERIENCE IN SCOUTING OR OTHER YOUTH ACTIVITIES _____

What assistance will you provide the Group?

assist with transportation to camps	<input type="checkbox"/>	become a Leader	<input type="checkbox"/>
assist with transportation on special outings	<input type="checkbox"/>	be a regular parent helper	<input type="checkbox"/>
become a member of the parents' committee	<input type="checkbox"/>	teach the members special skills	<input type="checkbox"/>
assist at working bees	<input type="checkbox"/>	help with testing for badge work	<input type="checkbox"/>
Other	_____		

NAME OF FATHER (OR GUARDIAN) _____
OCCUPATION _____
EMPLOYER _____
WORK PHONE () _____ MOBILE () _____
EMAIL ADDRESS _____
SKILLS & HOBBIES _____
SPORTING OR LEISURE INTERESTS _____

ARE YOU A CURRENT OR FORMER MEMBER OF SCOUTS NSW ? YES NO

MEMBERSHIP NUMBER (if known)

EXPERIENCE IN SCOUTING OR OTHER YOUTH ACTIVITIES _____

What assistance are you able to provide the Group?

assist with transportation to camps	<input type="checkbox"/>	become a Leader	<input type="checkbox"/>
assist with transportation on special outings	<input type="checkbox"/>	be a regular parent helper	<input type="checkbox"/>
become a member of the parents' committee	<input type="checkbox"/>	teach the members special skills	<input type="checkbox"/>
assist at working bees	<input type="checkbox"/>	help with testing for badge work	<input type="checkbox"/>
Other	_____		

(This page may be copied double-sided with page 1)
(Pages with original signatures only (no facsimiles) are to be forwarded to your Region Office by the Leader-in-Charge.)
Exceptions: North Coast - please send to State Office.

**SCOUTS AUSTRALIA
NEW SOUTH WALES**

MEDICAL DETAILS

APPLICANT'S FAMILY NAME _____ GIVEN NAMES _____

ADDRESS _____

TELEPHONE NUMBER () _____ DATE OF BIRTH _____

RELIGION/DENOMINATION _____

MEDICARE NUMBER

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NAME & NUMBER OF PRIVATE MEDICAL FUND (if applicable) _____

NAME OF AMBULANCE FUND (if applicable) _____

NAME OF FAMILY DOCTOR _____

DOCTOR'S TELEPHONE NUMBER () _____

IS THE APPLICANT ALLERGIC TO ANY MEDICATION? YES NO
(give details if Yes) _____

DOES THE APPLICANT SUFFER FROM DIABETES, HEART, ASTHMA, EPILEPSY OR OTHER CONDITION WE SHOULD BE AWARE OF? YES NO
(give details and medication if applicable) _____

DOES THE APPLICANT HAVE ANY ALLERGIES? YES NO
(give details if Yes) _____

DOES THE APPLICANT HAVE ANY OTHER DISABILITIES THAT MIGHT LIMIT FULL PARTICIPATION IN ACTIVITIES? YES NO
(give details if Yes) _____

HAS THE APPLICANT BEEN IMMUNISED AGAINST TETANUS? YES NO

APPROXIMATE DATE _____

IN THE CASE OF ACCIDENT AND WE ARE UNABLE TO CONTACT YOU, PLEASE GIVE THE NAME OF A RELATIVE OR FRIEND WHO MAY BE CONTACTED _____

TELEPHONE NUMBER () _____

MEDICAL AUTHORITY

I authorise any officer, member or servant of The Scout Association of Australia, New South Wales Branch, in the event of any accident or illness, to obtain such urgent medical assistance or treatment for the above named applicant, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).

SIGNED: _____ DATE _____
Parent/Guardian or Applicant (if over 18)

(Any change to the Applicant's health should be immediately notified to the Group so that appropriate care may be taken).

(This page may be copied single-sided and should be retained by the Section Leader)