1st Beaumaris Sea Scout Group

YOUTH MEMBERSHIP APPLICATION - SUPPLEMENTARY INFORMATION

CHILD:
Surname: _____ Preferred First Name: _____

Address: _____

School: _____ Grade: _____ DOB: _____ Age: ____

MOTHER:
Surname: _____ Preferred First Name: _____

Address: _____

Phone Home: _____ Work No: _____ Mobile: _____

Email: _____ Occupation: _____

Hobbies,Skills & Interests: _____

_____

Previous involvement in Youth Activities:
Scouts: _____

Other: _____

Preferred Involvement: *Assistant Leader/ Committee Member/ Other* .....

FATHER:
Surname: _____ Preferred First Name: _____

Address: _____

PhoneNo: _____ Work No: _____ Mobile: _____

Email: _____ Occupation: _____

Hobbies, Skills & Interests: _____

_____

Previous involvement in Youth Activities:
Scouts:

_____

Other:

_____

Preferred Involvement: *Assistant Leader/ Committee Member/ Other* .....

Continued. overleaf.....

Is either parent, who has a vehicle with a tow bar, willing to assist with transportation of boats and camping gear to and from camps? **YES/NO** or Comment:

_____

_____

Does your child have any disabilities that may restrict full participation in Scouting activities?
YES/NO
If "Yes" please give details:

_____

_____

We cannot provide the best programs, facilities & equipment without the involvement and support of our parents.

Unless exceptional circumstances exist, each child's entry into 1st Beaumaris Sea Scout Group is conditional on one parent agreeing:

1. to help as an Assistant Leader in one of the sections, ie, Cubs or Scouts; or
2. to serve on the Group Committee; or
3. to attend a minimum of 1 working bee per year as required.
4. to perform another active and useful role (eg, boat maintenance, Quartermaster, Badge Secretary).

[*If you believe there are exceptional circumstances warranting your child being admitted without either parent agreeing to perform one of these roles, please provide details (in confidence if desired) to the Group Leader, who has the discretion to waive this requirement for entry. If a waiver is given, a non-participatory levy will apply.]*

Signature of Parent/Guardian: _____ Date: _____

PLEASE RETURN THIS FORM TO:

The Group Leader: _____ [Tel:_____]

1st Beaumaris Sea Scout Group
PO Box 6028
Cromer VIC 3193