



# Standard Application

**A4**  
June 2010

## Use of this Form

This form is to be used by Adult Members/Supporters

- when applying for Training Courses / Events
- when participating in an Overnight activity

## Personal Details

Family Name		Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
First Name		Date of Birth		
Preferred Name				
Address		State		
Suburb		Postcode		
Home Phone		Work Phone		Mobile
Email				
Formation		Appointment		

## Activity / Course Details

Name / Title				
Venue				
Date		Course Cost		

## Emergency Contact

Family Name		Given Names			
Relationship to Applicant					
Address		State			
Suburb		Postcode			
Home Phone		Work Phone		Mobile	

## Payment Information (where applicable)

For **Branch events** Scouts SA is able to accept Credit Card payments. If you wish to pay with this option, please complete the section of the form below.

Credit Card #		Expiry Date		
Name on Card				
Type of Card	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>		
Signature of Cardholder				

## Office Use Only

Date		Receipt		Amount \$	
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## Health Information

<b>Health and fitness aspects of applicant (physical limitations etc) that we should be advised of, including any medication that will be brought to the activity</b>
<b>Known allergies. Please attached a separate sheet listing in detail special requirements to be observed in relation to these allergies</b>
<b>Dietary requirements. For special diets please provide examples, brand names etc of what you are able to eat. Attach a separate sheet listing in detail these requirements.</b>

<b>Hospitals sometimes require the following information</b>				
<b>Medicare No</b>		<b>Ambulance Cover</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Private Health Fund Details</b>	<b>Name</b>			
<b>Member #</b>		<b>Table</b>		

## Membership Statement

Are you a registered member of The Scout Association of Australia (SA Branch)?

<b>YES</b>		<b>If yes, please provide membership #</b>	
<b>NO</b>			

## Agreement and Medical Authority

### Medical

I agree not to make a claim against Scouts Australia (SA Branch) beyond the level of insurance provided by their policies (see explanation below). I authorise any member or other official representative of Scouts Australia (SA Branch) to obtain any medical or dental attention or treatment, or ambulance assistance, considered necessary (or expedient) for the applicant. I agree to reimburse Scouts Australia (SA Branch) for any expenses incurred as a result, which are not covered by the Association's insurance policies.

### Explanation of Scout Association Insurance

Scouts Australia (SA Branch) maintains insurance policies designed to cover Adult/Youth Members during Scouting service. For further information you should consult with your Group Leader or relevant Commissioner to ascertain the exact level of cover of these policies.

### Consent to Use of Image

I consent to photographic / video images of me / my child being taken at Scout activities and being used for promotional purposes by and for Scouts Australia.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*If applicant is under 18 years of age*