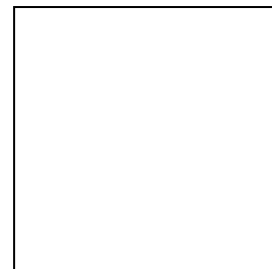


SEYCHELLES SCOUT ASSOCIATION

Application to join A Scout Group



Section A – *To be filled out by the applicant*

Surname:..... First Name(s):.....

Sex:..... Date of Birth:..... Address:.....

Home Tel N0:..... School:..... Religion:.....

NIN:.....

I wish to join the Seychelles Scout Group

Section B – *To be filled out by the applicant's parents or guardian*

Surname:..... First name(s):.....

Address:..... Home Tel:..... Work Tel:.....

Email:.....

Please list any physical and/ or behavioural conditions that may affect or limit full participation of the applicant in particular activities:

.....
.....

Note:

1. It is primarily the responsibility of parents/guardian to ensure the proper development of their children/child. You are therefore, encouraged to follow your child's progress by either getting directly involved with the troop as a volunteer, assist and contribute in whatever ways possible, join the Parents' Council and/or attend Parents' meeting when called. Your child is expected to pay an annual membership fee which is for now, 25 Rupees.

I certify that I am the legal guardian of the applicant and solicit his/her acceptance into the Seychelles Scout Group.

I commit myself to giving the necessary encouragement and support.

2. Photos of scouts activities may be posted in local newspaper, Association facebook page and website or even the international documents and events.

I consent / do not consent of her photographs to be taken or used for any local or international event.

3. The Association organizes annual camps where scouts learn to prepare and enjoy different meals as a group. It is important that we are informed of any allergies that your child may have.

My child has the following allergies

.....
.....
.....

Signed: Date:.....

Section C: For Office use

Approved by:..... Designation: Date: