

Standard Application

A4

July 2009

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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	М	F
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	Wo		Work Phone		Mobile	

Payment Information

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 #		E	Expiry Date	
Name on Card				
Type of Card	VISA	MASTERCARI	D	
Signature of Cardholder				

Office Use Only

Receipt	Amount \$	
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Health Information					
Health and fitness aspects of ap			including any medic	ation that wil	II be
brought. Include diet, physical I	imitations and	allergies.			
Hospitals sometimes require the	a following info	rmation			
Medicare No		mation	Ambulance Cover	YES	NO
Private Health Fund Details	Name		Ambalance Gover	120	140
Member #	Italiic		Table		
member #			Tubic		
Membership Statement					
Are you a registered member of The	e Scout Associa	tion of Australia (SA Brai	nch)?		
YES If yes, please	provide membe	rship #			
NO					
<u> </u>					
Agreement and Medical Autho	ority				
Medical					
I agree not to make a claim against So explanation below). I authorise any m					
dental attention or treatment, or ambu Scouts Australia (SA Branch) for any	lance assistance,	considered necessary (or e	expedient)for the applica	nt. I agree to re	eimburse
Explanation of Scout Association	on Insurance				
Scouts Australia (SA Branch) maintair information you should consult with you					
Consent to Use of Image					
I consent to photographic / video imag and for Scouts Australia.	ges of me / my chil	d being taken at Scout acti	vities and being used for	promotional pu	irposes by
Signature of Applicant			Date		

Date _

Signature of Parent/Guardian If applicant is under 18 years of age