



2nd Boksburg (St Michael's) Scout Group

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www.boksbugscouts.org.za

ADMISSION FORM

[PLEASE PRINT](#)

To: The Scouters of **Second Boksburg (St Michael's) Scout Group**.

I, _____, parent /
legal guardian of (usual name) _____, shall be glad if you
will accept this application for my child/ward to be admitted as a member of your Group. I
understand that the Scout program is an active one, which includes opportunities for adventure,
service and fun. I undertake to provide my child/ward with the required uniform, see that he/she
attends meetings regularly and pays his/her membership contributions. I am aware of the Child
Protection Policy of the South African Scout Association, which aims to safeguard the welfare of all
members by protecting them from physical, sexual and emotional harm. I am aware that the South
African Scout Association accepts no responsibility for any loss, injury or damage that the person or
property of my child /ward may sustain whilst engaged in any Scouting activity and I waive any
right that I or my child/ward may have to claim compensation against the South African Scout
Association or other members in respect of any loss, injury or damage incurred whilst engaged in
any Scouting activity howsoever arising and whether as a result of negligence or otherwise and I
indemnify them against all such claims.

Signed: _____

Father / mother / legal guardian

Date: _____

Personal details of recruit

Surname: _____

First name(s): _____

Address _____ Code _____

Telephone: _____

Date of Birth: d__ d__ m__m__ y____y____

Email: _____

Religious denomination: _____

Special conditions: _____

(State any handicap, disabilities, special health conditions etc) Advancement level (if previously a
Cub or Scout): _____

Date to be invested: _____

be prepared ●●●