



Enrolment Form

Section to enrol into: Keas / Cubs / Scouts / Venturers (please circle)

Name: _____
First Name Surname

Address: _____
Street Number Street Name

_____ Suburb Post Code

Phone: _____ Mobile: _____

E-mail: _____

Date of Birth: ____/____/____
Day Month Year

Medical: _____

Dietary: _____

Please state any allergies, ailments, medications, and / or treatments as well as special dietary requirements. These will typically be checked prior to each camp or major activity likely to impact on any issues identified.

Parents or Guardians Details

Parent / Guardian 1

Parent / Guardian 2

Name: _____
First Name First Name Surname Surname

Relationship: _____

E-mail: _____

Home No: _____

Mobile: _____

Occupation: _____
(Helpful for us to be able to seek advice or skill sets to assist the Group)

- I have read the Group Fundraising Overview document and understand that I have a responsibility to assist with some fundraising activity during the year to help supplement the programme being offered.
- Are there any issues, that as Leaders it would be pertinent for us to know about your child? Please tick box if yes, but you do not want issues recorded in written form, and a Leader will approach you for details.
- Do you have any skills that you think may be of benefit to our Group that we can approach you for advice or work? eg building, electrical, sewing scarves etc?

Date form filled in: ____/____/____