



39th COLOMBO SCOUT GROUP
S. Thomas' Preparatory School, Colombo 3
Scout Membership Application Form



For office use only

Application Number	Registration Number	Date of Joining	Date of passing Membership

Please see accompanying notes overleaf

Passport size photo
in School Uniform

Scout's Full Name (Please underline preferred name)	
Name with initials	
Date of Birth	
Postal Address	
Home Telephone	
Scout Mobile Phone	
Scout e-mail address	
Parents'/ Guardians' Names	
Parents' contact telephone numbers (Mention a number with Whatsapp)	

Parent e-mail address (e-mail addresses are kept strictly confidential and will not be shared with any third party).			
Emergency alternative contact and telephone (who can be contacted if guardians are unobtainable during Scout hours)			
Relationship to alternative emergency contact			
Date of last tetanus injection			
Medical/Dietary restrictions/Allergies (it is VITAL that you advise us of any long-term medical conditions or dietary requirements your son needs).			
Ethnicity (Sinhala/Tamil etc)			
Religious Beliefs (Buddhist/Christian/Hindu/ Islam etc)		Vegetarian/Non Vegetarian	
Hobbies and Other Skills			

Other activities involved (Clubs and Sports) in school

Activity / Sport	Day	Time

Please read, sign, and date the declaration overleaf

The Scout Movement in Sri Lanka is a membership organisation. To enable it to operate - and to communicate with its members - it is necessary to maintain accurate records about them. This includes all the information on this form. We will also be keeping details of your son's progress through Scouting (badges/awards won etc).

Certain portions of this information held in our Scout Group may be shared for records purposes from time to time with the Headquarters of the Association, including name, address and emergency contact information. E-mail addresses provided will **not** be shared in this case without prior written consent of the parents and Scout.

Certain information is classed by law as "Sensitive Personal Data." In a Scouting context this may include information about your son's:

- Health (to ensure that we are prepared for medical emergencies, and to ensure a safe integration of your child's participation in activities, it is important that we hold relevant information).
- Religious or similar beliefs (this will help us ensure that we make appropriate arrangements when necessary).

To allow us to hold this "Sensitive Personal Data," we will need your explicit consent. This can be given by signing this form. All the information will only be used in connection with your son's membership of the Scout Movement in Sri Lanka - this will include membership management and communication. None of the information provided will be passed to third-parties outside the Scout Movement.

Please do not hesitate to contact one of the Scout Leaders if you have any queries.

Parent / Guardian Declaration

- I accept that the 39th Colombo Scout Group and The Sri Lanka Scout Association will be keeping information including my son's name, address, and membership of the Scout Movement for Scouting purposes.
- I give explicit consent to the holding of information of my son's personal data, including religious beliefs and health; on computer, as well as paper, by the 39th Colombo Scout Group for Scouting purposes.
- I undertake to actively encourage and support my son in everything he does within Scouting - especially to have fun!
- I agree to encourage 100% attendance and punctuality of my son for Scout meetings and events, and I understand he may be asked to leave the Troop if his attendance and punctuality becomes unacceptable in accordance with Troop policies.
- I understand that photographs and digital images of my son taken during Troop meetings /camps /Scouting events may be used for DVDs, websites, newsletters, presentations, promotion, and media publicity of the 39th Colombo Scout Group and / or The Sri Lanka Scout Association, which may be available in the public domain in accordance with The Sri Lanka Scout Association guidelines.
- I give permission for my son to be administered the following by any Warranted Leader of the 39th Colombo Scout Group: emergency medication (may require physical contact with the Scout), encouragement, assistance, comfort, and support.

Parent(s)/Guardian(s) Name	
Parent(s)/ Guardian(s) Signature	
Date of Signature	