



Application Form

A cheque made out to "Hawke Sea Scouts" should accompany this form to cover the joining fee.

Please provide the following information. **(Print clearly):**

Child:

First names Surname.....

School Date of Birth..... Gender: Female Male

Email

MEDICAL Details: Medical Condition, Allergies etc.

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Parent/Legal Guardian 1:

First names Surname.....

Address: **Phone:**

Street (Home).....

Suburb (Work).....

Email (Mobile).....

Parent/Legal Guardian 2:

First names Surname.....

Address: **Phone:**

Street (Home).....

Suburb (Work).....

Email (Mobile).....

OTHER RELEVANT INFORMATION

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Incompliance with the Privacy Act 1993 the following is brought to you attention:

- 1) This form collects information about you and your child.
- 2) The information is collected to enable enrolment into the Scout Movement and to make arrangements for you and your child's participation and welfare.
- 3) The information is being collected by the scout group, which is part of the Scout Association of New Zealand. It will form part of a directory of Scout personnel and membership records.
- 4) The information may be held and stored electronically by the Scout Association of New Zealand. You have the rights of access to, and correction of this information, subject to the provisions of the Privacy Act 1993.

Hawke USE ONLY

Received: _____ BY _____

Entered: _____ SECTION _____ Keas Cubs Scouts Venturers

Joined: _____ SECTION _____ Keas Cubs Scouts Venturers