SN/031

SCOUTS OF NAMIBIA

CUB ADMISSION FORM

To the Pack Scouter, _____ Cub Pack

I being the parent/ legal guardian of _____ shall be glad if you will accept this application for him /her to be admitted to your Group.

I understand that the programme is an active one, which includes opportunities for service, adventure and fun. I indemnify the Scouts of Namibia against any damage or injury which may be suffered by my child whilst participating in its activities.

Signed _____ Date _____

PERSONAL DETAILS OF YOUR CHILD

Surname _____
First Name(s) _____
Date of Birth _____

Street Address _____ Tel:_____ (home)
Postal Address _____
Town _____

Father's Name
(or legal guardian) _____ Tel: _____ (office)
Mother's Name _____ Tel: _____ (office)
School _____
Home language _____
Religion _____

Any serious physical disabilities (or allergies)

_____
_____

Blood Group _____
Family Doctor _____ Tel: _____ (home)
Tel: _____ (surgery)

Name & Address to which accounts may be sent:

_____
_____

THIS FORM TO BE COMPLETED IN DUPLICATE AND RETURNED TO THE PACK SCOUTER