



Registration Form



Membership of Cub/Scout Section in 45th Mount Argus Scout Group

Please complete and return next week to the Section Leader

Members Name:		Date of Birth:
Hobbies / Interests:		
Name of Parents or Guardian:		
Address:		
Tel: (H)	(W)	(M)
School Attended:		

Parents Survey

Have you any interest in any of the following? Please ✓

Arts/Crafts	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Canoeing/Boating	<input type="checkbox"/>	Camping	<input type="checkbox"/>
Science	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	Hill Walking	<input type="checkbox"/>	Home Safety	<input type="checkbox"/>	Metal Work	<input type="checkbox"/>
Music/Drama	<input type="checkbox"/>	Nature	<input type="checkbox"/>	Orienteering	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Sport	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Drawing/Painting	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>

Would you like to help out with Scouting?

Yes, in a small way

Yes, I could provide transport

Yes, I could help as an Instructor

Yes, but I don't know what I could do

Yes, Parents & Friends Committee

I have read and understood the Code of Conduct. I realise that scouting is a commitment for both parent and child and also that I may be asked to support the Leaders and Scout Group from time to time.

I have enclosed payment of €_____, & Parental Consent Form.

Signed Parent / Guardian: _____ Date: _____

Signed Cub/Scout: _____ Date: _____