



Captain Musick Air Scouts

Membership Application Form

Please fill out this form in as much detail as possible. If there are no places currently available, your child will be placed in a waiting list, and you will be informed when spaces become free.

Any information on this form is used in the Scouts New Zealand OSM tool, and is not shared with any third parties without additional authorisation.

1. Your Child

Full Name (e.g. Thomas Atkins)	
Used Name (if different; e.g. Tommy)	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed/Other <input type="checkbox"/>
Ethnic Group (optional; e.g. NZ European)	
Date of Birth (dd / mm / yyyy)	
Previous Scout group (if any)	
Joined previous scout group (dd / mm / yyyy)	

2. Primary Contacts

We require two primary contacts, with at least one phone number each. The eMail addresses are used for all communications via the online OSM tool, and notifications of upcoming events your child is registered for.

	Primary Contact 1	Primary Contact 2
Full Name		
Address		
Postcode		
Daytime Phone		
Mobile Phone		
Email address		

3. Emergency Contact

The Emergency contact is for critical situations where neither Primary contact can be reached.

Full Name	
Address	
Postcode	
Daytime Phone	
Mobile Phone	
Email address	

4. Medical Details

Medical details are required so that we are aware of any special needs for your child, and who to contact in the event of an emergency.

Doctor's Name (e.g. Dr. Foster)	
Surgery Name (e.g. Gloucester Medical Clinic)	
Phone number	

Does your child have any **Allergies**, or other **Medical Conditions** that Leaders need to be aware of? Please give any relevant details, and any additional information that may be necessary

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Is there any other information that we should be aware of? (Use a separate sheet if necessary)

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