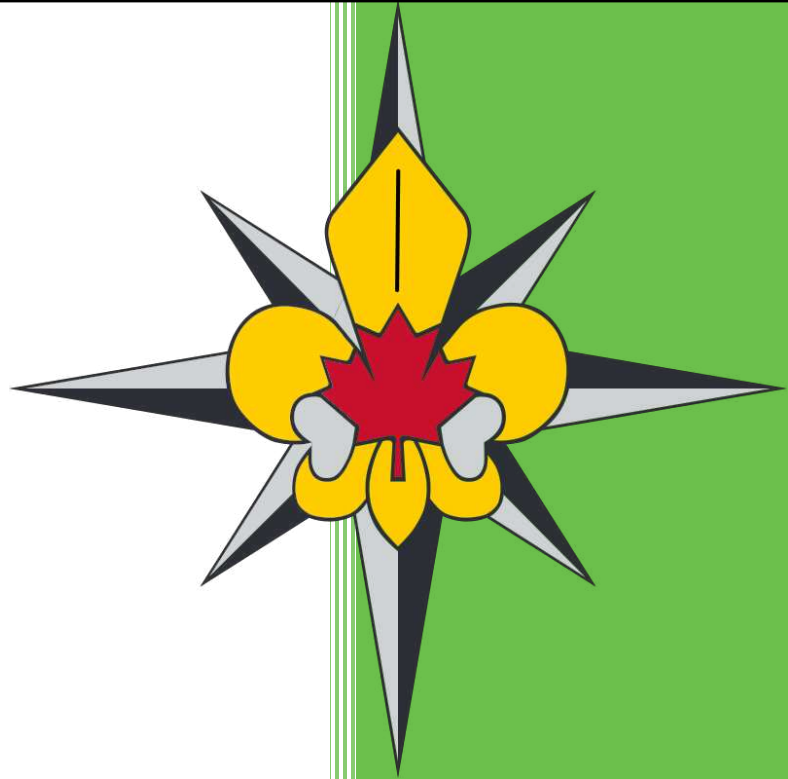


2023

# Registration Forms – Youth



## Introduction

This booklet has been designed as a single source of all the forms which are required for registration. A description of each Form is provided below. Signatures may be done physically or electronic. Please fill out a separate set of forms for each member. If you should have any questions or need a form not included here, please do not hesitate to contact your Key Leader or the CTSA Registrar at

[registrar@traditionalscouting.ca](mailto:registrar@traditionalscouting.ca).

## Forms Included in this Booklet

**Registration Form – Youth** – To be filled out every year by the parent of every member under the age of 18. The original is kept at the Group Level and a copy of this form is to be sent to [registrar@traditionalscouting.ca](mailto:registrar@traditionalscouting.ca).

**Medical Form – Youth** – To be filled out every year by the parent(s) of every member under the age of 18. This form is kept by the Key Leader and a copy is sent to the Group Scouter. Please have this form reviewed on a regular basis, especially before camp. This information is collected to assist the Scouter in charge should a medical emergency arise.

**Participation Agreement** – To be filled out every year by every member. This form must be signed by all custodial and access parents/guardians of all underage youth. This form is kept at the group level and a copy sent to [registrar@traditionalscouting.ca](mailto:registrar@traditionalscouting.ca).

**Photography/Videography Release** – To be filled out every year by every member. This form is kept at the group level and a copy sent to [registrar@traditionalscouting.ca](mailto:registrar@traditionalscouting.ca).



# Participant Registration Form – Youth

Please Print Clearly | CC [registrar@traditionalscouting.ca](mailto:registrar@traditionalscouting.ca)

<b>Child's Info</b>			
First Name	Middle Name	Last Name	
Group Name		Section <input type="checkbox"/> Otters <input type="checkbox"/> Timber Wolves <input type="checkbox"/> Explorers <input type="checkbox"/> Sr. Explorers	
Birth Date (MM/DD/YYYY)	Age	School	Grade
Full Address			
Child's Email Address (optional)			Child's Main Phone #
Identifies as: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
<b>Parent/Guardian's Info #1</b>			
First & Last Name		Main Phone #	
Email Address		Other Phone #	
Full Address			
<b>Parent/Guardian's Info #2</b>			
First & Last Name		Main Phone #	
Email Address		Other Phone #	
Full Address			
<b>Parent/Guardian's Info #3</b>			
First & Last Name		Main Phone #	
Email Address		Other Phone #	
Full Address			

Parent/Guardian's Info #4	
First & Last Name	Main Phone #
Email Address	Other Phone #
Full Address	

Names of Family in the CTSA and their Relationship to the Participant

Swimming Skills	Highest Level Achieved
<input type="checkbox"/> Non- Swimmer <input type="checkbox"/> Weak Swimmer <input type="checkbox"/> Good Swimmer <input type="checkbox"/> Strong Swimmer	

Other Information I.e. Who may/may not pick-up child, other phone numbers

<p>I, the undersigned, confirm that the information contained is correct. I understand that the Canadian Traditional Scouting Association (CTSA) communicates by email. As such, by registering, I am giving my authorization for the CTSA to send me emails to the address(s) provided above. I may revoke this agreement at any time in writing.</p>	
<b>Signature of Parent/Guardian</b>	<b>Date (MM/DD/YYYY)</b>



# Medical Form – Youth

Please Print Clearly | To be kept in the possession of the leader/health officer.

Child's Info		
First Name	Middle Name	Last Name
Group Name	Birth Date (MM/DD/YYYY)	
Full Address		

Primary Guardian	
First & Last Name	Main Phone #
Email Address	Other Phone #

Medical Information	
Physician's Name	Physician's Phone #
Date of Last Physical (MM/DD/YYYY)	Date of Last Tetanus (MM/DD/YYYY)
Provincial Health # (Optional)	
Other Insurance #	Other Insurance Policy Holder Name
Other Insurance Company Name	Other Insurance Phone #
Medical Problems (ex asthma, diabetes, headaches, etc.)	
Allergies	
Dentist's Name	Dentist's Phone #

**Prescription Medications (brought from home)** List all prescription medications. If additional space is needed, please photocopy this page. Emergency/occasional use Inhalers and EpiPen information must be included. Note: Medication **MUST** be brought in original containers and make sure they are **NOT** expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any medications while at camp. **ALL** medications are to be given to Leader/First Aider and will be administered by Leader/First Aider.

Medication	Dosage	Frequency	Reason for Medication	Approximate Start Date	Temporary or Permanent	Comments

**Over the Counter Medications (brought from home)** List all over the counter medications your child is bringing. If additional space is needed, please photocopy this page Note: Medication **MUST** be brought in original containers and make sure they are **NOT** expired. You **SHOULD NOT STOP** taking any medications while at camp. **ALL** medications are to be given to Leader/First Aider and will be administered by Leader/First Aider.

Medication	Dosage	Frequency	Reason for Medication	Approximate Start Date	Temporary or Permanent	Comments

I / We, the parent(s)/guardian(s), give my/our authorization to consent to the Emergency Medical/Dental treatment of the child listed above. I / We hereby authorize and appoint \_\_\_\_\_ of \_\_\_\_\_ as my agent for consent to my child's emergency medical and/or dental examination and/or treatment. Such treatment may include but is not limited to the following:

- |                                |                    |                |
|--------------------------------|--------------------|----------------|
| a. transportation by ambulance | c. x rays          | g. medication  |
| b. examination and treatment   | d. diagnoses       | h. dental work |
|                                | e. hospitalization |                |
|                                | f. anesthesia      |                |

Please include additional medical information on a separate page.

Signature of Primary Guardian \_\_\_\_\_

Date \_\_\_\_\_

Reviewed By Leader \_\_\_\_\_

Date \_\_\_\_\_

CANADIAN TRADITIONAL SCOUTING ASSOCIATION, PARTICIPANT INDEMNIFICATION,  
GENERAL RELEASE AND ASSUMPTION AGREEMENT

\* \* \* \* PLEASE READ THIS DOCUMENT CAREFULLY \* \* \* \*

BY SIGNING IT, YOU ARE GIVING UP YOUR AND MINOR CHILD'S LEGAL RIGHTS  
INCLUDING THE RIGHT TO BRING A LAWSUIT IN COURT AND/OR HAVE THE CLAIM  
DECIDED BY A JURY

TO: Canadian Traditional Scouting Association (herein called the "Organization")

IN EXCHANGE FOR the Organization allowing me, or my child to participate in Scouting  
activities, I agree as follows:

BY SIGNING THIS AGREEMENT, I AM GIVING UP MY RIGHTS AND THE RIGHTS OF MY  
CHILD TO SUE THE ORGANIZATION FOR ANY INJURY, INCLUDING PARALYSIS, OR  
DEATH, CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR FAULT OF THE  
ORGANIZATION, INCLUDING ANY OF ITS OFFICERS, DIRECTORS, VOLUNTEERS,  
PROPERTY OWNERS, AFFILIATES, AGENTS, EMPLOYEES, AND EQUIPMENT, OR  
ACTIVITY SUPPLIERS.

PLEASE ONLY ATTEND IN PERSON SCOUTING MEETINGS AND OR EVENTS IF THE  
FOLLOWING APPLY:

- (1) You are willing to practice social distancing and maintain at least six feet between individuals in all areas.
- (2) You are healthy enough to participate, and do not have symptoms of COVID 19 such as feeling sick, coughing, sneezing, shortness of breath, fever or are not feeling well;
- (3) You do not live with, nor have you visited a person, or family member that has been diagnosed with or suspected of having COVID-19, including those in isolation for possible exposure to COVID-19;
- (4) You consent to having your (or your minor child's) temperature checked if requested.
- (5) You agree to complete all screening, and contact tracing protocols at the beginning of each meeting/event;
- (6) You agree to wear a face mask in accordance with Municipal, Provincial, or Federal health guidelines; and
- (7) You will confirm before each meeting/activity/event that you have not travelled outside the country in the last 14 days.

ADDENDUM TO PARTICIPATION AGREEMENT ADDING WAIVER/RELEASE FOR  
COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK AND  
INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in any or all of the services and activities, including, but not limited to, those set forth in the Participation Agreement and any related events, meetings, and activities, the undersigned acknowledges, appreciates, and agrees that:

- (1) Participation includes possible exposure to and illness from infectious diseases including but not limited to: COVID-19, SARS-CoV-2, Ebola, Avian Influenza, Legionella, MRSA, and Influenza.  
While protocols, rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

(2) Participation in scouting activities involves a certain degree of risk that could result in injury, death or loss or damage to person or property; and

(3) For myself, and my minor child/ward KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

(4) Agrees to comply with the stated and customary terms and conditions for participation with respect to protection against infectious diseases and if I observe any unusual or significant hazard during my presence or participation in the programs and activities of the Organization, I will remove myself from participation and bring such to the attention of the nearest volunteer immediately; and

(5) I, as parent/guardian, with legal responsibility for any minor participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation in the programs and activities of the Organization and his/her personal responsibilities for adhering to the rules and regulations for protection against infectious diseases, and I confirm my child/ward understands such risks and responsibilities; and,

(6) I, for myself, and my minor child/ward as well as on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY WAIVES, RELEASES, INDEMNIFIES AND HOLDS HARMLESS the Organization, its OFFICERS, DIRECTORS, VOLUNTEERS, PROPERTY OWNERS, AFFILIATES, AGENTS, EMPLOYEES, AND EQUIPMENT SUPPLIERS, ("RELEASEES"), from any all claims or causes of action including but not limited to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This agreement will remain in effect until age 18 or revoked in writing.

Participant name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A separate form MUST be completed for each participant.

A digital copy of this complete and signed document must be forwarded to the Registrar at: [registrar@traditionalscouting.ca](mailto:registrar@traditionalscouting.ca)



**Canadian Traditional Scouting Association  
Photography/Videography Release  
Participant Release**

I, \_\_\_\_\_ (print Participant's name) do hereby give Canadian Traditional Scouting Association (the Photographer), his or her assigns, licensees, successors in interest, legal representatives, and heirs the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and in all media and in all manners, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive any right to inspect or approve the photograph(s) or finished version(s) incorporating the photograph(s), including written copy that may be created and appear in connection therewith.

I hereby release and agree to hold harmless the Photographer, his or her assigns, licensees, successors in interest, legal representatives and heirs from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the photographs, or in any processing tending toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I agree that the Photographer owns the copyright in these photographs and I hereby waive any claims I may have based on any usage of the photographs or works derived therefrom, including but not limited to claims for either invasion of privacy or libel. I am competent to sign this release. I agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I have read this release and am fully familiar with its contents.

This agreement will remain in effect until age 18 or revoked in writing.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_, 20 \_\_\_\_

Consent (if Participant is a minor)

- I am the parent or guardian of the minor named above and have the legal authority to execute the above release. **I approve the foregoing and waive any rights in the premises.**

**OR**

- I am the parent or guardian of the minor named above and have the legal authority to execute the above release. **I DO NOT give permission for my child's photo to be used.**

Parent or Guardian Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_, 20 \_\_\_\_