

37th Pretoria Springvale Scout Group
Tshwane South

180 Springbok Street
Wierdapark, Centurion, 0149
PostNet Suite 218, Private Bag X 4, Rooihuiskraal, 0149



SCOUTS
South Africa

GAUTENG

Member of the World Organisation of the Scout Movement

ANNUAL REGISTRATION FORM 2026

Name and Surname of Cub / Scout/Meerkat		
Is he / she a Meerkat, Cub or Scout		
Date of Birth		
Residential Address		
Postal Address		
Telephone – Home		
Father's name and surname		
Father's Occupation		
Father's telephone - cell		
Father's e-mail		
Mother's name and surname		
Mother's occupation		
Mother's telephone - cell		
Mother's e-mail		
Mother's / Father's hobbies / interests		
Are parents prepared to assist Pack / Troop / Group		
Emergency contact (not parents)		
Emergency contact telephone		
Religion / Church		
Medical Aid		
Medical Aid Number		
School Attending		
Headmaster / Mistress		Tel
Headmaster / Mistress email add		
House Doctor		
House Doctor's telephone		
Any medical problems		

I, (full name) _____, being the Parent of

(Meerkat/Cub/Scout's Full name) _____, hereby make formal application for my ward to be admitted as a member of the 37th Springvale Scout Group. I understand that the programme is an active one, which includes opportunities for service, adventure and fun. I undertake to provide my ward with the required and correct uniform, to see that he / she attends meetings regularly and to pay his / her subscriptions, as I have stated on the Financial Obligation form.

SIGNED: _____ WITNESS: _____

On this _____ day of _____ 202__.

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ANNUAL CONSENT AND INDEMNITY FORM

I, (full name) _____

Of (physical address) _____

And (postal address) _____

Telephone (h): _____ Cell: _____

Email: _____

Being the Parent of (Meerkat/Cub/Scout's full name) _____

hereby request you to allow him/her to take part in all the activities connected with the **37th Springvale Scout Group** during the running of NORMAL DEN, PACK and TROOP meetings from **1 October 2025 to 30 September 2026**, and further acknowledge that this consent extends to activities held during normal DEN, PACK and TROOP meeting times but not held at the **37th Springvale Scout Hall** itself. Such activities could include visits with other scout groups, scavenger hunts, wide games, ten-pin bowling, action cricket, mini-golf or similar activities. This consent includes all Court of Honour meetings held away from the hall. I further confirm that the aforesaid consent extends to additional scouting activities held at the **37th Springvale Scout Hall** at times other than normal meetings, such activities to include patrol meetings, meetings to attend to badge advancement or to prepare equipment for camp, Courts of Honour, activities held with other branches of the group (den, pack or troop) etc.

I hereby appoint and authorise the Scouter in charge to act in my place as Guardian with full authority to consent to my son/ward/daughter undergoing necessary surgical or other medical treatment. I undertake to **pay** the cost of such treatment. I fully understand and accept that all activities are undertaken at my son/ward/daughter's own risk.

I am aware that neither the Scout Association of South Africa / Scouts South Africa nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my son/ward/daughter may sustain whilst engaged in any Scouting activity and I waive any right that I or my son/ward/daughter may have to claim compensation against the Scout Association of South Africa / Scouts South Africa or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

I am aware that the scout programme is an active and adventure-filled one, which includes dangerous activities such as (but not limited to) abseiling, water activities, caving, pioneering, orienteering, flying, swimming, paintballing, stalking, night hikes and camping. I am aware that scout literature on these activities may be viewed at www.scouting.org.za and that I can discuss any concerns that I may have with the programme content with the Scouter team.

I acknowledge that **photographs** will be taken of my son/ward/daughter at group and Scout events and hereby authorize the use of these photos to educate, encourage and market the group as required. This may include social media platforms, which may include the 37th Springvale Facebook page and /or the quarterly newsletter.

SIGNED: _____ WITNESS: _____

On this _____ day of _____ 20____.

MEDICAL AID DETAILS:

NAME OF MEDICAL AID: _____

MEDICAL AID NUMBER: _____

NAME OF MEMBER: _____

NAME OF DOCTOR: _____

TEL: () _____