

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: () _____

FINANCIAL OBLIGATIONS FOR 2026 (Child's Name) _____

The Capitation Fee, Registration and Group Fees have been incorporated into one amount.
To assist parents we have a number of payment Options and Plans available to pay annual fees,
please tick options and submit back to the treasurer.

Direct Payments can be made directly into our **First National Bank** Account.

Account Name: 37th Springvale Scout Group

Account Number: 6307 7491 438

Branch Code: 250655

In case of direct deposits, please ensure that your Childs Name & Surname are in the reference field

SCOUT TROOP PAYMENT PLANS

☐

OPTION 1 – SCOUT FEE STRUCTURE [Annual Fees **EXCLUDING** Camps & Outings]

☐ PAYMENT PLAN 1:☐ PAYMENT PLAN 2:☐ PAYMENT PLAN 3:☐ PAYMENT PLAN 4:

ANNUAL FEE:	R2200.00 [Dec '25]	R1100.00 Dep [Dec '25] R1300.00 [Mar '26]	R1100.00 Dep [Dec '25] R165.00 [Jan to Aug]	R0.00 Dep R245.00 [Nov to Aug]
TOTAL:	R2200.00 [Dec '25]	R2400.00	R2420.00	R2450.00
CAMP FEES:	R1900.00	R1900.00	R1900.00	R1900.00
Additional				
TOTAL:	R4100.00 [Dec '25]	R4300.00	R4320.00	R4350.00
2 ND CHILD:	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]

☐

2 OPTION – SCOUT FEE STRUCTURE [Annual Fees **INCLUDING** Camps & Outings]

☐ PAYMENT PLAN 1:☐ PAYMENT PLAN 2:☐ PAYMENT PLAN 3:☐ PAYMENT PLAN 4:

ANNUAL FEE:	R4100.00 [Dec '25]	R2000.00 Dep [Dec '25] R2300.00 [Mar '26]	R2000.00 Dep [Dec '25] R 290.00 [Jan to Aug]	R 0.00 Dep R 435.00 [Nov to Aug]
CAMP FEES:	R0.00	R0.00	R0.00	R0.00
TOTAL:	R4100.00 [Dec '25]	R4300.00	R4320.00	R4350.00
2 ND CHILD:	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]

CUB PACK PAYMENT PLANS

☐

OPTION 1 – CUB FEE STRUCTURE [Annual Fees **EXCLUDING** Camps & Outings]

☐ PAYMENT PLAN 1:☐ PAYMENT PLAN 2:☐ PAYMENT PLAN 3:☐ PAYMENT PLAN 4:

ANNUAL FEE:	R2200.00 [Dec '25]	R1100.00 Dep [Dec '25] R1300.00 [Mar '26]	R1100.00 Dep [Dec '25] R165.00 [Jan to Aug]	R0.00 Dep R245.00 [Nov to Aug]
TOTAL:	R2200.00 [Dec '25]	R2400.00	R2420.00	R2450.00
CAMP FEES:	R 900.00	R 900.00	R 900.00	R 900.00
Additional				
TOTAL:	R3100.00 [Dec '25]	R3300.00	R3320.00	R3350.00
2 ND CHILD:	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]

☐

2 OPTION – CUB FEE STRUCTURE [Annual Fees **INCLUDING** Camps & Outings]

☐ PAYMENT PLAN 1:☐ PAYMENT PLAN 2:☐ PAYMENT PLAN 3:☐ PAYMENT PLAN 4:

ANNUAL FEE:	R3100.00 [Dec '25]	R2000.00 Dep [Dec '25] R1300.00 [Mar '26]	R2000.00 Dep [Dec '25] R 165.00 [Jan to Aug]	R 0.00 Dep R 335.00 [Nov to Aug]
CAMP FEES:	R0.00	R0.00	R0.00	R0.00
TOTAL:	R3100.00 [Dec '25]	R3300.00	R3320.00	R3350.00
2 ND CHILD:	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]

MEERKAT DEN PAYMENT PLANS

☐

OPTION 1 – MEERKATS FEE STRUCTURE [Annual Fees **EXCLUDING** Camps & Outings]

	☐ PAYMENT PLAN 1:	☐ PAYMENT PLAN 2:	☐ PAYMENT PLAN 3:	☐ PAYMENT PLAN 4:
ANNUAL FEE:	R2200.00 [Dec '25]	R1100.00 Dep [Dec '25] R1300.00 [Mar '26]	R1100.00 Dep [Dec '25] R165.00 [Jan to Aug]	R0.00 Dep R245.00 [Nov to Aug]
TOTAL:	R2200.00 [Dec '25]	R2400.00	R2420.00	R2450.00
CAMP FEES:	R 400.00	R 400.00	R 400.00	R 400.00
Additional				
TOTAL:	R2600.00 [Dec '25]	R2800.00	R2820.00	R2850.00
2 ND CHILD:	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]

☐

2 OPTION – MEERKATS FEE STRUCTURE [Annual Fees **INCLUDING** Camps & Outings]

	☐ PAYMENT PLAN 1:	☐ PAYMENT PLAN 2:	☐ PAYMENT PLAN 3:	☐ PAYMENT PLAN 4:
ANNUAL FEE:	R2600.00 [Dec '24]	R2000.00 Dep [Dec '25] R 800.00 [Mar '26]	R2000.00 Dep [Dec '25] R 105.00 [Jan to Aug]	R 0.00 Dep R 235.00 [Nov to Aug]
TOTAL:	R2600.00 [Dec '25]	R2800.00	R2820.00	R2850.00
CAMP FEES:	R0.00	R0.00	R0.00	R0.00
Additional				
2 ND CHILD:	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]	R1800.00 [Mar '26]

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CONSENT FORM & HEALTH CERTIFICATE 2025

To: The Scouter in Charge: 37th SPRINGVALE SCOUT GROUP

I, (full names of legal Guardian) _____

Of (Address) _____

Postal Code: _____

Tel No: _____ Cell No: _____

Being the legal guardian of (ward's full name): _____

Hereby make formal application for my ward to take part in the activities connected with the:

MEERKAT / CUB / SCOUT PROGRAMME*

To be held at: 37th Pretoria Springvale Scout Hall, 178 Springbok Street, Wierdapark

From: 1 October 2025 _____ To: 30 September 2026 _____

I hereby appoint and authorize the Scouter-in-Charge to act in my place as Guardian with full authority to consent to my ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment.

I fully understand and accept that while all reasonable care will be taken, all activities are undertaken at my ward's own risk.

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

* Delete whichever is **NOT** applicable

HEALTH CERTIFICATE

1) I certify that to the best of my knowledge, my ward:

a) Is not suffering from any physical disability or illness which would make it inadvisable for my ward to take part in the event detailed above, but I wish to draw your attention to the following:

b) Is not suffering from any infectious disease, and has not been in contact with anyone suffering from any infectious disease in the last 14 days.

2) I **DO** / **DO NOT** give permission for my ward to take part in swimming activities.

3) **Medical and Emergency Details:**

a) Name of Medical Aid: _____

b) Member's Medical Aid No: _____

c) Name of member: _____

d) Name of Doctor: _____

e) Doctor's No: _____

f) Emergency Contact (Person other than legal guardian):

Tel No: _____ Cell No: _____

Name: _____ Relationship: _____

Signed: _____
(Legal Guardian) (Witness)

Signed at _____ on this _____ day of _____ 20____

* Delete whichever is **NOT** applicable

CONSENT FOR A FIRST AIDER TO PROVIDE MEDICATION - 2026

The Scouter/Pack Scouter/Den Scouter-in-charge: 37th PTA Springvale Scout Group

I, (full names of legal Guardian)

Of (Address):

.....Postal Code:

Tel N^o: (.....) Cell N^o:

Being the legal guardian of (ward's full name)

Hereby consent to allow the designated First Aider at

37th SPRINGVALE SCOUT TROOP

Held on Friday EVENINGS between 19:30 and 21:30, during the Normal School Term

To provide the following treatment(s) to my child, should the need arise, whilst engaged in the above mentioned activity. (Circle Yes (Y) or No (N) and initial)

Medication	Consent (Y/N)	Initial
1. Antiseptics (Dettol or Savlon)	Y / N.....	
2. Aspirin (Disprin)	Y / N.....	
3. Paracetamol (Panado)	Y / N.....	
4. Antihistamine (e.g. Allergex)	Y / N.....	
5. Anti-diarrhoea (e.g. Imodium)	Y / N.....	
6. Anti-nausea (e.g. Valoid)	Y / N.....	

Signed:
(Legal Guardian) (Witness)

Signed at on this day of 20...



To be completed by content creator

- Date event: **SCOUTING YEAR 2026 - October 2025 to September 2026**
- Name event: GROUP MEETINGS - MEERKATS / CUBS OR SCOUTS
- Full name content creator: DEN SCOUTERS / PACK SCOUTERS / TROOP SCOUTERS
- Scout Role/Group: 37TH PRETORIA SPRINGVALE SCOUT GROUP
- Email address: zinkwazi@37thspringvale.co.za

To be signed by adult/parent/legal guardian of child/ward featured

☐ I authorise that any photo's, statements, audio-visual recordings, video and sound bites taken, recorded, and collected from me / my child / my ward during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication, and fundraising campaigns.

I further recognise that SCOUTS South Africa is part of a Global Scout Movement and therefore content gathered and /or created could be shared with World Scouting to promote the Scout Movement as a whole.

Full name (adult / parent/legal guardian): _____
Child/ward's full name: _____
Scout Group: _____
Contact number: _____

Signature to consent as per the above: _____

Full name (adult / parent/legal guardian): _____
Child/ward's full name: _____
Scout Group: _____
Contact number: _____

Signature to consent as per the above: _____

Full name (adult / parent/legal guardian): _____
Child/ward's full name: _____
Scout Group: _____
Contact number: _____

Signature to consent as per the above: _____

Full name (adult / parent/legal guardian): _____
Child/ward's full name: _____
Scout Group: _____
Contact number: _____

Signature to consent as per the above: _____

Full name (adult / parent/legal guardian): _____
Child/ward's full name: _____
Scout Group: _____
Contact number: _____

Signature to consent as per the above: _____

Full name (adult / parent/legal guardian): _____
Child/ward's full name: _____
Scout Group: _____
Contact number: _____

Signature to consent as per the above: _____

Full name (adult / parent/legal guardian): _____
Child/ward's full name: _____
Scout Group: _____
Contact number: _____

Signature to consent as per the above: _____



Objection form for the collection of digital assets

NB: Digital assets = include but are not limited to photos, videos and audio recordings

☐ I herewith **OBJECT** that any photo's, statements, audio-visual recordings, video and sound bites taken, recorded, and collected from me / my child / my ward during activities with SCOUTS South Africa may be used at the discretion of SCOUTS South Africa as part of their marketing, communication, and fundraising campaigns.

- Full name: _____
- Cell phone / Email: _____
- If you are the responsible legal guardian (parent or carer) please provide your child/ward's full name:

- Please write your objection: _____

- Scout Group: 37TH PRETORIA SPRINGVALE SCOUT GROUP
- Region: TSHWANE SOUTH, GAUTENG
- Name of the event, activity: _____
- Name of your contact (SGL, Scouter, RTC, PR, etc.): _____

- Name of content creator (photographer / videographer): _____

I understand that should I have any questions I will contact zinkwazi@37thspringvale.co.za

Signed,

Date, _____ Place, _____

I recognise that SCOUTS South Africa has a legitimate interest to collect promotional content at events, competitions, meetings, and the likes. Photographs, videos, etc. that include 2 or more people in a public place will be considered to be 'public' photographs.

I further recognise that SCOUTS South Africa will do its utmost best to avoid including any images, video or audio recordings where I / my child / my ward might be seen in the content –even if not featured upon. I am aware that I can ask SCOUTS South Africa to delete the content at any time by using the process set out in the [SCOUTS South Africa Privacy Notice](#).