



# CYPRUS SCOUT ASSOCIATION

## APPLICATION FOR ENROLMENT 2019 - 20

CUB    SCOUT    EXPLORERS    LEADER   RECEIPT No: \_\_\_\_\_ SCOUT ID No: \_\_\_\_\_

### CHILDS DETAILS (\* COMPULSORY FIELDS FOR THE REGISTRATION – CLEARLY PLS )

*NAME:		* SURNAME:	
*ID NUMBER:		* PLACE OF BIRTH:	
* DATE OF BIRTH: DATE:..... MONTH:..... YEAR: .....		* NATIONALITY:	
* HOUSE ADDRESS:		DISTRICT/TOWN	POSTAL CODE

Male		Female		* E-MAIL ADDRESS to receive Newsletters:
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### PARENTS / GUARDIAN DETAILS

#### FATHERS DETAILS

* SURNAME:		* NAME:	
* ID NUMBER:	* DATE OF BIRTH: DATE: ..... MONTH: .....YEAR: .....	OCCUPATION:	
CONTACT DETAILS:	MOBILE NO:	E-MAIL ADDRESS:	

#### MOTHERS DETAILS

*SURNAME:		*NAME:	
* ID NUMBER:	* DATE OF BIRTH: DATE: ..... MONTH: .....YEAR: .....	OCCUPATION:	
CONTACT DETAILS:	MOBILE No:	E-MAIL ADDRESS:	

### SPECIAL NOTES: (PLEASE MENTION ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD)

**I THE PARENT/GUARDIAN OF THE ABOVE CHILD DECLARE THAT I AUTHORISE THE CYPRUS SCOUTS ASSOCIATION ( SPK ) and the 53<sup>rd</sup> St Barnabas Scout Group TO KEEP RECORDS OF THE DETAILS LISTED IN THIS FORM, ACCORDING TO THE PERSONAL PRIVACY LAW.**

**Also I declare that I have informed the Cyprus Scout Association, in writing, of any health problems that my child has.**

Name:..... Signature:..... Date:.....