



CYPRUS SCOUTS ASSOCIATION



APPLICATION FOR ENROLMENT 2020 - 21

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 53rd 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:.....

Please attach a copy of the Childs birth certificate (only for the first time Registrations).