



**SOUTH AFRICAN SCOUT ASSOCIATION
AREA PLTU COURSE**



**RETURN TO: The Course Director, Area Headquarters
with the FULL course fee by the closing date**

FULL NAMES: _____

MOST COMMONLY USED NAME: _____

PHONE NO: _____ GENDER: BOY / GIRL

POSTAL ADDRESS: _____

PHOTO
(where available)

_____ POST CODE: _____

SCOUT TROOP: _____ DISTRICT: _____

TROOP SCOUTER'S NAME AND ADDRESS: _____

POST CODE: _____ PHONE NO: _____

AGE AT START OF COURSE (Years & Months): _____ DATE OF BIRTH: _____

SCOUTING STANDARD (First Class, Adventurer, etc): _____ RANK (2nd,PL,TL): _____

LENGTH OF SERVICE: As a Scout _____ In current rank _____

INTEREST BADGES AND CHALLENGE AWARDS: _____

ATTENDED OTHER PATROL LEADERSHIP COURSE? YES/NO WHEN? _____

SPECIAL INTERESTS, HOBBIES, SPORTS, ETC: _____

SWIMMING ABILITY:

| | | | |
|------|------|---------|------|
| NONE | POOR | AVERAGE | GOOD |
|------|------|---------|------|

SCHOOL: _____ SCHOOL STANDARD (at time of course): _____

T SHIRT SIZE:

| | | | |
|-------|--------|-------|---------|
| SMALL | MEDIUM | LARGE | X-LARGE |
|-------|--------|-------|---------|

RELIGIOUS DENOMINATION: _____ PROFICIENCY IN ENGLISH: _____

HOME LANGUAGE (if not English) : _____

SPECIAL FOOD OR DIET REQUIREMENTS: _____

ANY POINTS WITH REGARD TO PHYSICAL CONSTRAINTS, RECURRENT ILLNESS, ALLERGIES, MEDICATION, ETC

APPLICATION: I _____ hereby apply to attend the _____
_____ Patrol Leader Training Course to be held from _____ to _____

SIGNED: _____ **DATE:** _____

scout

SOUTH AFRICAN SCOUT ASSOCIATION
PARENT CONSENT AND INDEMNITY

To the Course Director, _____ Patrol Leader Training Unit course.

I, _____, being the father/legal guardian of _____, a member of the _____ Group, hereby request you to allow him/her to take part in the Patrol Leader Training Unit course to be held at _____ from _____ to _____.

I hereby appoint and authorise the Scouter in charge to act in my place as parent with full authority to consent to my son/daughter/ward undergoing 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/daughter/ward's own risk.

I am aware that neither the Scout Association of South Africa nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my son/daughter/ward may sustain whilst engaged in any activity on the course and I waive any right that I or my son/daughter/ward may have to claim compensation against the Scout Association of 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.

Address: _____

Signed: _____
legal guardian

Emergency Contact No. _____

Date: _____

Medical Aid Society: _____

Number: _____

CONSENT BY TROOP SCOUTER AND COURT OF HONOUR

We the undersigned, hereby endorse the application from _____ from our Troop to attend the _____ Patrol Leader Training Unit Course.

Signed: _____
Troop Scouter

Court of Honour Chairman

Date: _____
