



21st Gilqua PLTU



**RETURN TO: The Course Director, Gilqua PLTU, P O Box 25, Goodwood, 7459
OR
admin@gilqua.co.za**

FULL NAMES: _____

MOST COMMONLY USED NAME: _____

PHONE NO : _____

GENDER : BOY GIRL

E-MAIL ADDRESS (if available) _____

POSTAL ADDRESS: _____

POST CODE: _____

SCOUT TROOP: _____

DISTRICT: _____

TROOP SCOUTER'S NAME AND EMAIL ADDRESS: _____

POST CODE: _____

PHONE NO: _____

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

DATE OF BIRTH: _____

ADVANCEMENT LEVEL THAT YOU HAVE (eg. First Class): _____ RANK (2nd,PL,TL): _____

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

INTEREST BADGES AND CHALLENGE AWARDS: _____

ATTENDED A PLTC COURSE? YES NO **IF YES WHEN?** _____

SPECIAL INTERESTS, HOBBIES, SPORTS, ETC: _____

SWIMMING ABILITY: NONE POOR AVERAGE GOOD

SCHOOL: _____ SCHOOL GRADE : _____

T SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE XX-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

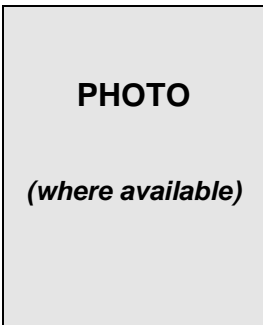
PREFERED METHOD OF COMMUNICATION

E-MAIL POST

APPLICATION: I _____ hereby apply to attend the Gilqua Patrol Leader Training Course to be held at Hawequas from Saturday 31st March to Sunday 8th April 2012

SIGNED: _____

DATE: _____



SOUTH AFRICAN SCOUT ASSOCIATION

PARENT CONSENT AND INDEMNITY

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

I, _____, being the father/legal guardian of _____, a member of the _____ Group, hereby request you to allow him to take part on the Gilqua Patrol Leader Training Unit course to be held in Cape Town and surrounds from Saturday 31st March to Sunday 8th April 2012.

I hereby appoint and authorise the Scouter in charge to act in my place as parent with full authority to consent to my son/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 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 Gilqua Patrol Leader Training Unit Course.

Signed: _____
Troop Scouter

_____ *Court of Honour Chairman*

Date: _____
