APPLICATION FOR MEMBERSHIP

BP SERVICE ASSOCIATION (BPSA)

PLEASE PRINT

New Member [ ] Returning Member [ ]

I would like my son/daughter/ward registered as:

Otter (5-7) [ ] Timber Wolf (8-10) [ ] Explorer (11-15) [ ] Senior Explorer (15-17) [ ] Rover (17+) [ ]

The annual fee of $____ is enclosed: Cash [ ] Cheque [ ] Payment received by: _____

Full Name of Youth is: _____

Father's Name: _____ Mother's Name: _____

Please complete if applicable:
Father's Partner's Name: _____ Mother's Partner's Name: _____

Street and Mailing Address: _____

Postal Code: _____ Phone No. _____Cell No._____

Religion: _____ Email(s): _____

Date of Birth: Day: ___ Month: ____ Year: ____

I grant permission for my son/daughter/ward to be a member in the BP Service Association and to participate fully in all activities.

I hereby grant the BP Service Association permission to use my and/or my child's image in all publications, both print and electronic, and display on the Association's websites. I also give permission for the BP Service Association to give this image to a reputable third party, when requested, for both print and electronic publications.
Yes [ ] No [ ]

I certify that my son/daughter/ward is in good health and physical condition:
Yes [ ] No [ ] (see medical form on reverse)

Are there any medical, dietary, family circumstances, custody issues or religious requirements of which the leader should be aware? **YES [ ]** **NO [ ]** (If yes, the leader will arrange a confidential private interview.)

Signature of Parent or Guardian: _____ Date: _____

Rovers over the age of 18 do not require a parent's signature, but must sign the form themselves.

PLEASE COMPLETE MEDICAL INFO ON THE REVERSE

MEDICAL INFORMATION

(Your child's health is important to us and this will help us if there is anything we need to know about them.)
(Please complete fully, this page may be photocopied and kept separate from the application form on the other side.)

Surname	Given Names	Home Phone
Group Name		Cell Phone
Medical Plan Number		[ ] Care Card [ ] Other

In case of emergency, please notify:

Name:	Home Phone:	Other Phone:
Name:	Home Phone:	Other Phone:

IF SUBJECT TO ANY OF THE FOLLOWING PLEASE INDICATE:

[ ] Asthma	[ ] Cramps	[ ] Headaches	[ ] Toothache
[ ] Bed Wetting	[ ] Fainting	[ ] Nightmares	[ ] Other: _____
[ ] Bronchitis	[ ] Food allergies	[ ] Skin Rash	
[ ] Convulsions	[ ] Hay Fever	[ ] Sleepwalking	

PRESCRIPTION OR REGULAR INJECTIONS REQUIRED: **[ ]** Prescription [ ] Injection

Name of Drug:	Frequency:	Dosage:	[ ] Refrigeration?
Name of Drug:	Frequency:	Dosage:	[ ] Refrigeration?

All prescription medication to be taken while in camp must:
1) Be accompanied by a complete medication card.
2) Be in the original pharmacy container and labeled with pharmacy and doctor information.

List Drug Allergies:	
List Insect Allergies:	
Date of last Tetanus Shot:	Date of last Medical Exam:
Name of Family Doctor:	Doctor's Phone #:

Non-Prescription Drugs: Every care and attention will be given to the health and comfort of your child. As your child may be away from home for more than 24 hours, please circle **yes/no** for the following medications that you **APPROVE/DISAPPROVE** that can be administered to your child under the guidance of an adult First Aider.
These are the medications will be available at camps, in the event of medical necessity:

Junior Strength Acetaminophen—yes/no	Children's Benadryl—yes/no	Kid's Hurt-Free Polysporin—yes/no
Junior Strength Ibuprofen—yes/no	Gravol Kids—yes/no	Children's Antihistamine—yes/no

I, _____ am the parent and/or legal guardian of _____.
I do hereby authorize the BP Service Association to share the medical and personal information contained in this medical information form and to provide first aid and/or secure such medical advice and services (ex: ambulance) as may be deemed necessary for the health and safety of my child/ward and hereby give my permission for my child/ward to attend and participate in all BPSA activities. I understand that I will be notified by the quickest means possible if this authority is exercised.

_____ _____
Signature of Parent/Guardian Date Signed