



Application form to join  
**Scouts Shouts Youth Theatre 2009**  
*Produced by 1st Salisbury Scout Group*

Show ID Number
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**Application for Cast and Crew to attend Scouts Shouts Activities**

**HOW TO APPLY**

Fill in both this application form and a "Standard Application Form", ensure all are completed and signed either by yourself or by your parent/guardian if you are under the age of 18.

**WHAT IS EXPECTED?**

Members of cast are expected to attend rehearsals, camp and performances except in the case of sickness. Whilst you may have other Scouting or Guiding commitments that coincide with some rehearsals, it is expected that cast members understand the need to attend **practically all rehearsals** and that non-attendance at a rehearsal may affect the ability of others to rehearse satisfactorily. Cast members are expected to advise in advance of their inability to attend a rehearsal and use their good judgement in maximising their attendance.

Members in particular items or roles, including dance, may also be asked to attend additional rehearsals at other times if required.

**APPLICANT DETAILS**

I hereby apply to be a member of Scouts Shouts Youth Theatre and agree to par-take to the best of my ability in all activities and attend rehearsals, performances and rehearsal camp.

**Contact Information**

Given Name ..... Family Name .....

Preferred Name ..... Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age .....

Address ..... Post Code .....

Phone Home ..... Work .....

Mobile .....

Email .....

Scout / Guide Group ..... Meeting Night .....

- |                             |                                |                                |                                    |                                   |
|-----------------------------|--------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="radio"/> Joey* | <input type="radio"/> Venturer | <input type="radio"/> Gum Nut* | <input type="radio"/> Ranger Guide | <input type="radio"/> Parent      |
| <input type="radio"/> Cub   | <input type="radio"/> Rover    | <input type="radio"/> Brownie  | <input type="radio"/> Ranger       | <input type="radio"/> Other ..... |
| <input type="radio"/> Scout | <input type="radio"/> Leader   | <input type="radio"/> Guide    | <input type="radio"/> Young Leader |                                   |

\* a parent/guardian of a Joey or Gum Nut will be required to attend the rehearsal camp weekend

**Emergency Contact**

Full Name .....

Address ..... Post Code .....

Relationship to you .....

Phone (Home) ..... Phone (Work) .....

Phone (Mobile) ..... Email .....

**Shirt Size**

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="radio"/> XSmall (87cm)  | <input type="radio"/> Small (92cm)     | <input type="radio"/> Medium (97cm)    | <input type="radio"/> Large (102cm)     |
| <input type="radio"/> XLarge (107cm) | <input type="radio"/> XXLLarge (112cm) | <input type="radio"/> XXXLarge (117cm) | <input type="radio"/> XXXXLarge (122cm) |

**Health Information**

Medicare Number ..... Ambulance Member?  Yes /  No

Private Health Fund?  Yes /  No Fund Name and Member Number .....

Date of last tetanus shot .....

Do you wear a medical alert necklace/bracelet?  No  Necklace  Bracelet

If YES please give details .....

Do you take any medication regularly?  No  Yes *if YES please give details below*

Medication	Dose	Method of Administration

Do have any allergies? (E.g. Drugs, Plasters, Toiletries, Food, Insects)  No  Yes

*if YES please give details below*

Allergy	Type of Reaction	Method of Treatment

Do you use any medical aids? .....

Do you have any special dietary requirements (for medical or religious reasons only)?  No  Yes

*if YES please nominate diet below*

- Diabetic
- Low cholesterol/low fat
- Vegan Vegetarian
- Lacto Ovo Western vegetarian
- Other Please Specify .....
- Low sodium/low salt
- Low calorie
- No Lactose/ No dairy
- Asian vegetarian
- Kosher
- Hindu
- Moslem

If you suffer from any of the following ailments or conditions, please indicate by placing a tick in the appropriate place, so that provision can be made for your welfare. Please also give details regarding any affirmative answers in the space provided below.

- Angina
- Arthritis
- Aspergers Syndrome
- Asthma
- Back problem
- Bed wetting
- Blackouts
- Bleeding disorders
- Blood pressure
- Bronchitis
- Diabetes
- Ear infection
- Epilepsy
- Hay fever
- Hearing disorders
- Heart trouble
- Hives
- Intellectual disability
- Migraine
- Nose bleeds
- Skin condition
- Sleep walks
- Spasticity
- Stroke
- Travel sickness
- Tuberculosis
- Ulcers
- Urinary tract infection/stones
- Visual impairment
- Other (including physical)

Details of medical condition and support required: .....

Please indicate any additional details which the leader in charge should know for the health and welfare of you or your child .....

Do you, or have you ever suffered from **Asthma**?  No  Yes

Currently  Not current, but in the past 3 years  Not current but more than 3 years ago

If you currently suffer from Asthma you will be required to supply your Asthma Management Plan in writing before you can participate in Scouts Shouts Activities.

Do you, or have you ever suffered from **Diabetes**?  No  Yes

Currently  Not current, but in the past 3 years  Not current but more than 3 years ago

If you currently suffer from Diabetes you will be required to supply written details of your diabetes management before you can participate in Scouts Shouts Activities.

Do you, or have you ever suffered from **Epilepsy**?  No  Yes

Currently  Not current, but in the past 3 years  Not current but more than 3 years ago

If you currently suffer from Epilepsy you will be required to supply written details of your epilepsy management before you can participate in Scouts Shouts Activities.

**Activity Details**

Rehearsals - Sunday 17th May, 2009 to Saturday 29th August, 2009

1st Salisbury Scout Hall, Orange Avenue, Salisbury & Parks Theatre 1, Cowan Street, Angle Park

Rehearsal Camp - Friday 19th July, 2009 to Sunday 21st July, 2009 - Woodhouse Campsite

Weekend Rehearsal - Saturday 25th July, 2009 to Sunday 26th July, 2009 - 1st Salisbury Scout Hall

**Department** - ✓ please tick your preference (crew positions generally require applicant to be over 16yrs of age)

- Cast\* or Crew:  Administration  Front of house  Production  Promotions
- Costumes  Make-up  Catering  Stage Crew
- Set Building  Props  Lighting\*\*  Audio\*\*
- Technical\*\*  Welfare  Band\*\* (instrument) .....

\*Cast must be an active and registered member of the Scout of Guide Associations under the age of 26.

\*\* Relevant experience may be required for these positions

Please advise your Group Leader / Crew Leader 's name should we need to verify any details or membership  
Leader Name .....

**Leaders**

Are you a warranted leader in a section of Scouting or Guiding? If so, please advise your warrant details:

Section(s) ..... Overnight Warrant Yes / No

**Major Cast Roles**

Members applying for cast may wish to indicate their desire to be considered for a suitable major role in the cast. In being considered for a major role, the cast member understands the need to balance their Scouting and rehearsal commitments to maximise their rehearsal time and understand that they are requested to attend **all rehearsals**, including the **entire camp weekend**, to the best of their ability.

I would like to be considered for a major cast role  Yes  No ✓ please tick your preference

**Photography and Recording**

By signing this application I give permission to Scouts Shouts Youth Theatre to take photographs and make video or tape recordings of me / my son / my daughter and use these photographs, videos or tape recordings for future publicity and promotion of Scouts Shouts Youth Theatre.

**AGREEMENT, ACTIVITIES AUTHORITY AND INDEMNITY**

I, (print full name) \_\_\_\_\_ (“Applicant”) wish to be considered for selection to participate in Scouts Shouts Youth Theatre.

I understand the Scout Promise and Law and I agree to abide by the rules and regulations of Scout s Shouts Youth Theatre. If an Adult, I agree to permit a Police check on myself. I underst and that still and video photography of people and events will take place at Scouts Shouts Youth Theatre and that this material may be used without permission or payment to promote Scouts Shouts Youth Theatre or Scouts Australia.

I understand that in respect to Scouts Shouts Youth Theatre and of the personal details provided in this application the privacy policy of Scouts Australia (SA Branch) applies. A copy of this policy may be viewed at <http://www.sa.scouts.com.au>

IN CONSIDERATION of the Scouts Shouts Youth Theatre (“Scouts Souts”), accepting this application,

I/We : .....

*(both parents, or guardians or applicant 18 years or older to print name)*

- acknowledge that the activities conducted at Scout s Shouts will involve physical tasks which inherently contain risk of injury. I understand that those activities are carried out on a challenge by choice basis, and that the Applicant may decline to participate in any one or more activities should they so desire. If the Applicant does elect to participate in an activity, I voluntarily accept all consequences of their participation including any risk of injury associated with participation in Scouts Shouts activities.
- except to the extent that Scout s Shouts, its officers, leaders, agents and members are entitled to be indemnified by an insurer under a Policy of Insurance maint ained by Scouts Australia, hereby release and indemnify the Scouts Shouts, its officers, leaders, agents and members against any liability (including liability involving negligence) in relation to participation in any activity connected with Scouts Shouts, or when traveling to and from Scouts Shouts.
- authorise the Scouts Shouts in the event of any injury or illness occurring in connection with any activity connected with Scouts Shouts to obtain on my behalf and at my expense any medical treatment as may be considered appropriate by Scouts Shouts. I agree to pay on demand by Scouts Shouts any medical, hospital or other expenses incurred by Scouts Shouts on my behalf.
- understand that the Applicant is expected to act in accordance with the acknowledged principles of the Scouts Shouts. Should the Applicant detract from the said standard of behaviour, I understand that at the discretion of Scouts Shouts Management Committee or Leader in Charge, the Applicant may be returned home by the most direct means at my expense and no claim can be made by me for compensation in lieu of uncompleted activities.

**Parents / Guardians/ Applicant**

- I/We request that you consider this application to join Scouts Shouts Youth Theatre.
- I/We agree to pay any subscription fees.
- The Medical Statement has been completed correctly to the best of my knowledge.
- I/We acknowledge the existence of the indemnity within this application form, that it has been drawn to our attention that I/we have read and underst and the nature and effect of the indemnity and I/we agree to abide by the above statement of agreement, indemnity and authority.

Signature of applicant ..... Date \_\_\_ / \_\_\_ / 2009

Signature of parent/guardian ..... Date \_\_\_ / \_\_\_ / 2009

If the applicant is a member of Guides SA a separate indemnity form is also required, your Guide Leader will be able to provide this form to you.

<b>Office Use Only</b>	
Form received:      ___ / ___ / 2009	Scout Group Details Confirmed: <input type="radio"/> Yes <input type="radio"/> No .....
Form Complete: <input type="radio"/> Yes <input type="radio"/> No .....	Active & Registered Member: <input type="radio"/> Yes <input type="radio"/> No .....
Data Entry:        ___ / ___ / 2009	Position: <input type="radio"/> Cast <input type="radio"/> Crew .....
	Patrol: .....