

# Grove Scout Group

## Membership form



### Section A: To be completed by the Section Leader or Assistant:

I have pleasure in offering a place in Grove Scout Group to the following Young Person:

<b>Name of Young Person:</b>		
<b>Section</b> (highlight which or delete those that don't apply)	Beavers:	Buffaloes / Silver Beavers
	Cubs:	Bulldogs / Falcons / Jaguars
	Scouts:	Blackbirds / Red Kites / Seagulls
<b>Name of Section Leader or Assistant:</b>		
<b>Date offered:</b>		

### Section B: To be completed by the Parent/Carer:

I accept the offer of a place in Grove Scout Group for the above-named Young Person.

**(1) Fees:** I understand that:

- current fees are £11 per person per month;
- fees are paid by direct debit via the Online Scout Manager (OSM) system;
- I will be told by the Group if the fees level changes;
- fees are payable continuously, for 12 months of the year from the 1<sup>st</sup> of the month after any initial visits;
- if the above-named moves section (eg Beavers to Cubs, Cubs to Scouts), the original direct debit will continue but I will need to subscribe to confirm the direct debit for the new section.

*Please note that you will be asked to sign up to **Gift Aid** via OSM. The Group benefits from this and we would like you to complete the form when asked even if you aren't eligible. We will regularly chase completion of this.*

**(2) Necker:** I also understand that:

- a one-off payment of £5 is required for a Group necker;
- I will be asked to pay the necker fee via OSM;
- when I pay the £5 necker fee, I will email the membership secretary so that I can be issued with the necker ([grovemembership@kascouts.org.uk](mailto:grovemembership@kascouts.org.uk))

**(3) Insurance:** I understand that I am responsible for checking and arranging my own insurance cover for:

- transporting the above-named Young Person or any other person to/from Scout meetings and events in my own vehicle;
- personal accident and medical expenses for myself when accompanying the above-named Young Person or helping in a non-member capacity at any Scout meeting or event.

*Please note that Scout Association insurance only extends to uniformed adult volunteers.*

<b>Signed</b> ..... Parent / Carer	<b>Parent/Carer name in block capitals:</b>  
<b>Date:</b>	

**Please return completed form to your Section Leader.**