



SOUTH LAKE SIMCOE DISTRICT ADULT TRAINING APPLICATION



Please register me for:

NAME of COURSE: _____

DATE: _____ TO BE HELD AT: _____

REGISTRATION FEE ENCLOSED: \$ _____

NAME: _____ ADDRESS: _____

PHONE: __ (____) - ____ - ____ TOWN: _____

BIRTHDATE: _____ POSTAL CODE: _____

SCOUTING DISTRICT: _____

GROUP NAME: _____ SECTION: _____

If this is a Part I Woodbadge course that you are applying for, please answer the following questions:

Have you been invested as a leader? Yes: _____ No: _____

Have you previously taken a Part I? Yes: _____ No: _____

If YES, in which section? Beavers: _____ Cubs: _____ Scouts: _____
Venturers: _____ Rovers: _____ Service: _____
Group Committee: _____

Signature: _____ Date: _____

**Return to SLS Training Coordinator
Thomas Hazlett, 515 Cody Cres., Newmarket, Ontario L3Y 5L9 (905) 898-4556**



Scouts Canada

Physical Fitness Certificate

NOTE: This form is to be filled out by the parent/guardian at the beginning of each Scouting year and kept by the leader. It is the parent's/guardian's responsibility to update the leader of any changes in the medical condition of their child/ward throughout the Scouting year. This form should be filled out for adults as well.

Surname: _____ Given Name: _____ Initial: __ Date of Birth: _____ Age: _____ Male Female
Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone: _____
Physicians Name: _____ Scout Group Name: _____
*Provincial Medical Plan Number: _____ Insurance Coverage Held: _____

Emergency Medical Information:

Does the applicant have any allergies? Yes No If yes, please indicate below:

- Medicine Insect Bites Toxins Food Smoke
 Plants Animals Other

Details: _____

Has had, please check (x)

- Appendicitis Mumps Chicken Pox Measles Kidney Disease
 Scarlet Fever Rheumatic Fever Heart Condition Other _____

If subject to any of the following, check (x) and give details:

- Asthma Contact Lenses Headaches Fainting Spells Bleeding Disorders
 HIV Ear Problems Diabetes Hernia Back Problems
 Motion Sickness Cramps Convulsions Sleepwalking Nightmares
 Bed Wetting Pregnant Other _____

Details: _____

Has participant menstruated? Yes No If no, has she had menstruation explained to her? Yes No

Does the participant require special care, medication or diet?

Details: _____

Date of most recent physical examination (Month and Year): _____

Date of last tetanus shot (Month and Year): _____

Swimming abilities: Non Swimmer Swimmer (Highest Level Achieved):

Has it ever been necessary to restrict the applicant's activities for medical reasons? Yes No

Details: _____

Signed, Parent/Guardian: _____ Date: _____

Updated, Parent/Guardian: _____ Date: _____

Updated, Parent/Guardian: _____ Date: _____

*Voluntary in some Provinces

catalogue # 91-113
March 2000