

KÜLFÖLDI MAGYAR CSERKÉSZSZÖVETSÉG

HUNGARIAN SCOUT ASSOCIATION IN EXTERIS • ASOCIACIÓN SCOUT HÚNGARA EN EL EXTERIOR • UNGARISCHER AUSLANDSPFADFINDERBUND

Cserkész beiratkozási űrlap

_____ SZ. _____ cserkészcsapat

Név: _____ Telefonszám: _____

Lakcím (utca, szám): _____

Város: _____ Állam: _____ Irányítószám: _____

Születési idő: _____ e-mail cím: _____

Vallás¹: _____ Melyik templomhoz tartozik¹? _____

Melyik iskolába jár? _____ Hányadik osztályba? _____

Volt-e már cserkész (igen/nem)? _____ Ha igen, hol? _____

Testvérek neve: _____ Hányadik szülött a családban? _____

Magyar beszéd képessége²: _____ Jár-e magyar iskolába (igen/nem)? _____

Ismert allergiák: _____

Fontos egészségügyi problémák: _____

Különleges orvosi kezelés vagy orvosságok szedésének szükségessége: _____

Egyéb fontos tudnivalók³: _____

Szülők	Édesapa	Édesanya
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Név:	_____	_____
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Munkahely:	_____	_____
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Mhelyi telefon:	_____	_____
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e-mail cím:	_____	_____
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Rendkívüli esetben⁴: _____

Miben tudnának a szülők segíteni a cserkészletben? _____

_____ Dátum

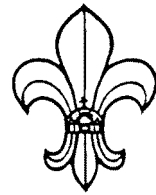
_____ szülő aláírása

Használd az űrlap túlfelét, ha a megadott hely nem elégséges vagy bármilyen más természetű fontos adatot akarsz közölni.

¹ önkéntes (nem kötelező információ) • ² Alapfokú, közepes, jó – ír, olvas, beszél • ³ Pl. ki viheti el a gyereket foglalkozás után?

• ⁴ Kit és hol kell értesíteni?

THE HUNGARIAN SCOUT ASSOCIATION IN EXTERIS



AGREEMENT TO RELEASE:

(Print Applicant's Name): _____

(Home Address): _____

Born on _____, _____

Age: _____ years old

In order to induce the **Hungarian Scout Association in Exteris** to accept me (and/or my child, our child or ward) as a member of the organization, I (and my parents or guardian) hereby agree to fully and completely release, discharge, and indemnify from all liability as herein described, all of the parties mentioned as being released and indemnified herein.

In consideration of being accepted as a member of the **Hungarian Scout Association in Exteris**, I (we) agree to abide by and follow all regulations, rules, and directions set forth by the **Hungarian Scout Association in Exteris** (hereinafter referred to as the **Association**), its officers, agents, leaders, assistants, representatives, employees, servants and their successors and assigns.

I am (we are) familiar with the purposes, organizational structure, and the operational methods of the **Association**. I (we) understand that there is an element of risk involved with the participation of myself (and/or my child, our child, or ward) sponsored by the **Association**, that membership in the **Association** is on a purely voluntary basis, and that such membership could not be granted to anyone not assuming any/all risk associated with any and all activities sponsored by the **Association**. I (we) hereby certify that the mental and physical condition of myself (and/or my child, our child, or ward) permits me (him or her) to fully participate in any and all activities sponsored by the **Association**.

I (we) enter into said activities voluntarily as an independent contractor and not as an agent, employee or servant of any party to this agreement; and for that reason, I (we) assume full responsibility for any and all injuries and damages which may occur to or be sustained by myself (and/or my child, our child or ward) in, on, or about the activities, premises or facilities of the **Association**. I (we) hereby release and discharge the **Association** of and from any and all claims, demands,

damages, rights or causes of action, existing or hereafter arising, known or unknown, anticipated or unanticipated, resulting from or arising out of the participation of myself (and/or my child, our child or ward) in any and all activities sponsored by the **Association** or the use of any and all premises, facilities or equipment thereof. This release includes, but shall not be limited to, any and all claims for personal injuries resulting from or arising out of the negligence of the **Association** or the acts and negligence of any other person or firm, whether upon or off the premises of the **Association**, including any other person participating in any and all activities sponsored by the **Association** or the use of any and all premises, facilities, or equipment thereof, for whose acts and negligence the **Association** shall in no way be liable.

I (we) agree to voluntarily assume any and all debts, costs, expenses, and liabilities incurred in connection with any and all activities by the **Association** and myself (and/or my child, our child or ward), including, but not limited to, the cost of any medical treatment necessary.

I (we) further agree voluntarily to indemnify the **Association** against and save it harmless from all loss and damage (including damage to property and/or injury to person) arising from the failure of myself (and/or my child, our child or ward) or those acting under me (him or her) to conform to the statutes, ordinances or other regulations, rules or requirements of any governmental agency whatsoever, including, but not limited to, those of the **Association**.

This writing may not be altered or amended other than by written instrument. Should any provision of this agreement be held to be unenforceable for any reason whatsoever, all of the remaining provisions of this agreement shall remain in full force and effect.

I (we) hereby certify that I (we) have read and understand the provisions of this agreement

Signed on this _____ day of _____, _____ A.D.

(Applicant) _____

(Parent or Guardian) _____

(Parent or Guardian) _____

(Address) _____

