

**1<sup>ST</sup> PUCKLECHURCH SCOUT GROUP - ENROLMENT FORM**

**Section: Beavers / Cubs / Scouts**

**MEMBER'S DETAILS**

Full Name

Home Address

Home Telephone No

Date of Birth

School

Religion/Faith

**MEMBER'S MEDICAL DETAILS**

Doctor's Name

Surgery Address

Surgery Telephone No

National Health No

Date of last tetanus injection

Any Special Needs (*medication, allergies, diet etc*)

**PARENT'S DETAILS**

Mother/Carer's Name

Emergency Contact (phone)

Father/Carer's Name

Emergency Contact (phone)

If there is a second parent address that we need to be aware of, please supply it on the back of this form.

E-Mail Contact:

As the Group is run entirely on voluntary help, it is expected that parents contribute in one form or another. Please indicate below what assistance you would be prepared to give:

Uniformed Leader

Regular Section Helper

Serve on the Group Executive

Help with Fund Raising

Help with Building Maintenance

Help with Publicity for the Group

Badge tester for the following subject areas: .....

Other (Please Specify) .....

**Declaration:**

1. I give permission for my child to join in the normal activities of the Group.
2. In the event of illness or accident and if I am unable to be contacted, I give permission for a warranted leader to sign any hospital forms on my behalf.
3. I agree to assist with the work of the Group as indicated above for a period at some stage of my child's stay in the Group.
4. I accept that the Group will be keeping information about my child's membership for Scouting Purposes.
5. I give explicit consent to the holding of information about my child's health, disabilities, religion/faith, race/ethnic origin for Scouting Purposes.
6. I give consent to the occasional use of photographs of my child undertaking Scouting Activities, for Scouting Purposes.

Signed .....

Date .....