

Registration Form

Child's Full Name:

Date of Birth:

Gender: M/F

Ethnicity:

Nationality: UK / Not UK (please specify)

Previous Scouting experience?

Section Name & dates:

Mother's Name:

Email:

Phone no:

Father's Name:

Email:

Phone no:

Home Address:

Emergency contact name:

Phone no:

Relationship to child:

Address:

Medical / Dietary requirements / Allergies / Disabilities / Learning Difficulties / Mental Health Issues :

Yes/No

If Yes, please provide details (*failure to disclose can result in withdrawing of your child's place*):

PHOTOGRAPHIC CONSENT

*We photograph our Scouting activities. These may be used on our group website and facebook group, in our newsletters or sent to UK Scouts or newspapers for promotion of the group and of Scouting as a whole. Your child's name will **NEVER** be used.*

*If you **DO NOT** wish your child to appear in any of these photographs please tick here*

VOLUNTEERS

All Scouting sections are run by volunteers. Please read below to see ways you could help and tick what you would be willing to undertake or assist.

Meetings:

Accompanying trips

Camp

Taking on administrative role

Any other information you wish us know.

Signed: (parent/guardian)

Date :