

Membership Form

Name of Child:

Date of Birth:

Address:

Gender (Please Circle):

MALE / FEMALE

Home Telephone Number:

Religion:

Current School:

Section (Please Circle):

BEAVERS / CUBS / SCOUTS / EXPLORERS

The child currently resides with:

Both Parents Mother Father Other if other, who? _____

Parental Contact Person 1:

Name:

Telephone Number:

Relationship to Child:

Mobile Telephone Number:

Occupation:

Hobbies/Interests:

Parental Contact Person 2:

Name:

Telephone Number:

Relationship to Child:

Mobile Telephone Number:

Occupation:

Hobbies/Interests:

Alternative Contact Person

If we are unable to contact you in the event of an emergency please list state an alternate contact.

Relationship to Child:

Name:

Telephone Number:

continues overleaf...

Medical Information

Please detail any medications/ inhalers/ conditions, and allergies relevant to Scout events or at meetings.

Special Needs

Special Dietary Needs

Allergies

Your Child

Child's Mobile Number

Child's Emails Address

Previous Scouting Experience

Previous Scout Group

Data Protection

All information given will be used in accordance with the Data Protection Act 1998. Information given will only be used in connection with your son/daughter's membership of the Scout Movement in the United Kingdom. The Scout Association, at all levels, may itself use your contact details (post and e-mail) to keep in touch with you about Scouting. However, by law we need your express permission for certain direct marketing services. By giving this permission we can provide you with access to additional opportunities and services.

I am happy to receive details by post and e-mail about new products and services being promoted directly to The Scout Association or its subsidiary companies.

Use of Images

Sometimes photos and video images of Scouts taking part in activities are submitted to newspapers, used within Group, District or County newsletters and websites or put on display.

I do not wish my child's image to be used by the Scout Association as described.

Parental Signature

Signed:

Print Name:

Date:

Please return this form as soon as possible to your child's Leader.