

# Application/Registration Form to join 4th Newbury Cub Scout Group

Childs Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion/Faith: \_\_\_\_\_

School Attended: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

Home Address(Parent 1) \_\_\_\_\_

Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parents Occupation: \_\_\_\_\_

Parents Skills/Hobbies/Interests: \_\_\_\_\_

Home Address( Parent 2) \_\_\_\_\_

Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parents Occupation: \_\_\_\_\_

Parents Skills/Hobbies/Interests: \_\_\_\_\_

Who will normally drop of your child at cubs: \_\_\_\_\_

Who will normally collect your child after cubs: \_\_\_\_\_

## **Please authorise another Adult to collect your child in an emergency**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

NHS Number: \_\_\_\_\_ Any Known Allergies: \_\_\_\_\_

Any known medical problems: \_\_\_\_\_

Any info. about your child that will be helpful: \_\_\_\_\_

**All information will be treated confidentially.** If you wish to discuss any medical matters privately please contact the Cub Scout Leader.

## **Parents/Guardians Consent**

1. As parent/guardian of \_\_\_\_\_ I agree to my child taking part in routine activities which may involve visits and trips and District events. I know of no medical reason or other reason why they should not participate. We also understand that we may be asked to help out on the parent rota as and when required.

Signed (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

2. I consent to any emergency medical treatment necessary while attending cub scouting activities. I therefore authorise The Leader to sign on my behalf in the case of any life threatening situation on the understanding that every effort is made to contact me. (If you do not consent to this please do not sign, and attach a letter, which can be given to the emergency services if needed)

Signed(Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

3. From time to time, your child may be included in photographic images. These photographs may be used on the group website, in news paper articles etc but will not identify children by name. If you specifically object to images of your child being used in this way, please complete the declaration below:

I object/agree to photographic images being taken of (child's name): \_\_\_\_\_

Signed(Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Please ensure you advise us of any changes to your details. Please return this completed form to your section Leader