



# 1<sup>st</sup> HAREFIELD SCOUT GROUP CUB SCOUT MEMBERSHIP FORM

Welcome to the 1<sup>st</sup> Harefield Cub Scout Pack. In order for you to enrol your child into the group it is required under the Policy, Organisation, and Rules of the Scout Association that we take a few details for insurance and contact purposes. There are a number of questions below that will need to be filled in. Once completed, please hand this form to the Cub Scout Leader or one of the other pack representatives. These records will be kept for Scouting purposes only.

## SCOUT'S INFORMATION

NAME: ..... DATE of BIRTH: ...../...../..... GENDER: M / F

ADDRESS: ..... SCHOOL: .....

..... HOME TEL: .....

..... EMERGENCY TEL: .....

POSTCODE: ..... FAITH: .....

SPECIAL NEEDS - Dietary, Medical (including allergies), Other: OTHER CLUBS/INTERESTS:

.....

## PARENT INFORMATION

PARENT 1: ..... PARENT 2: .....

HOBBIES: ..... HOBBIES: .....

EMAIL: ..... EMAIL: .....

MOBILE: ..... MOBILE: .....

Willing to help on the Parents Rota: Y / N Willing to help on the Parents Rota: Y / N

Willing to join our fund raising committee: Y / N Willing to join our fund raising committee: Y / N

Interested in becoming a Leader or Helper: Y / N Interested in becoming a Leader or Helper: Y / N

## MEDICAL INFORMATION

In case of an emergency, a doctor may need to be contacted if any serious accident occurs that may require treatment. Parents will be informed immediately if such an event occurs as treatment can only be given to a scout by consent of a parent. Please let us know which Doctors Surgery your child is registered with:

DOCTORS SURGERY: .....

Do we have your consent to use a standard First Aid kit for general accidents? YES / NO

## MEDIA AND DEVELOPMENT

Scouting photos for general display may be taken to show others the type of activities we do. Photos for any other purpose cannot be used without the general consent of a parent under the Child Protection Act. Please ~~strike through~~ any media that you would NOT be willing to allow photos of your child to be circulated beyond the colony:

- LEAFLETS
- SCOUTING WEBSITES
- DISTRICT / COUNTY PROMOTING
- SCOUTS HQ

Signed .....	Printed .....	Date ...../...../.....
(Parent/Guardian)		