

# 1<sup>st</sup> Cuddington & Sandiway Scout Group

## Admission Form 2011 - Child Member



Please complete this form for our records and return it to your section leader. Please use the back of this form to provide any further information you feel may help the leaders to ensure your child gets the most out of their involvement with the Group.

Applicant personal and contact details					
Section	Beavers (Mon) <input type="checkbox"/>	Beavers (Thu) <input type="checkbox"/>	Cubs (Mon) <input type="checkbox"/>	Cubs (Tue) <input type="checkbox"/>	Scouts (Wed) <input type="checkbox"/>
Full name				Date of birth	
Address					
Home phone			Parent's mobile		
e-Mail			Scout's mobile		
Preferred faith			School		

Parent or carer's emergency contact details					
Name			Relationship		
Address			Telephone		
			Mobile		
			Interested in helping out further?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name			Relationship		
Address			Telephone		
			Mobile		
			Interested in helping out further?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical issues, if you answer 'Yes' to any of these questions, please provide details overleaf		
Does your child regularly take medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any allergies? (Food, medicines etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any special needs/disabilities that may affect their Scouting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child up to date with their injections? (Tetanus etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any special dietary needs? (Vegetarian etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

General consent		
Permission & Rules: My child has permission to take part in the weekly activities of the Scout Group. I give permission for him/her to take part in activities including those away from the normal meeting place that do not include an overnight stay. I understand that the Section Leader will always act to ensure the enjoyment and safety of everyone. Young people who are unable to follow our rules, show respect to others or behave responsibly will be asked to leave a meeting or event. Parents will be contacted before a young person leaves.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Photographs: I give my consent for photos of my son/daughter to be taken during activities and be used within a Scouting context and in particular publicity material for example Scouting publications and the media. Images may be published to official Scout websites (but will never identify individuals in line with SA guidelines). Image use will follow SA policy and will not be used for any other purpose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consent: If it becomes necessary for my child to receive medical treatment, and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise a leader to sign any documents required by the hospital authorities in such an emergency.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Data Protection: I give explicit consent to the holding of information of my son's/daughter's health; disabilities; religion/faith; race/ethnic origin for Scouting purposes on the strict understanding that the data controller will not share this information with a third party (outside of the UK Scout Association) without my written consent. Access to the information can be arranged by the Group Scout Leader.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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Gift Aid Declaration*		
Taxpayer's full name		
Address		
		Post code
I would like the 1 <sup>st</sup> Cuddington And Sandiway Scout Group to treat my membership subscription/donation as a Gift Aid donation from this date forward and for the previous six financial periods (if applicable).		
SIGNED: _____ PRINT NAME: _____ DATE: _____		

\* Gift Aid Notes

1. You must pay an amount of income tax or capital gains tax at least equal to the tax we reclaim on the payments (currently 25p for every £1 you give).
2. You can cancel this declaration at any time by notifying the Group.
3. Please notify the Group if you change your name or address.
4. If you pay tax at the higher rate, you may be able to claim further tax relief via your Self-Assessment tax return.