

1st Marown Scout Group

Members Information

Name: _____ Date joined: / /
Home address: _____ Date of birth: / /
Section: _____ Faith: _____
Parents/Guardian's name(s) & telephone number(s)
Name: _____ Numbers: _____
Name: _____ Numbers: _____
Other emergency number (if unable to contact parents) Number: _____
E-mail address: _____
Doctor's name/practice: _____ Number: _____
Has he/she been immunized against Tetanus y/n Date if known: _____
Does he/she have any allergies to food/medicines etc (if yes, please specify)
Does he/she have any special dietary needs? (if yes, please specify) School: _____
Does he/she have any special needs? (if yes, please specify) Hobbies & interests: _____

Photo permission

Sometimes photos and video images of Scouts taking part in activities are submitted to the local newspapers, Group, Island Scouting Publications, Scouting Websites, Facebook, or put on display.

When providing photographs for publication, it is worth noting that first names or 'Members of 1st Marown Scout Group' are recommended as captions. Your child will not have their full name used in conjunction with a photograph unless specific permission is obtained on each individual occasion. Please indicate your wishes regarding images of your child being used.

I DO/DO NOT give permission for photo and video images to be taken of my child.

I DO/DO NOT give permission for photos to be used on the 1st Marown/Manx Scout Facebook closed group page.

I give my general consent to my child taking part in regular weekly and weekend meetings and the activities that those meetings involve. I understand that all meetings and activities are run according to the rules and guidelines of the UK Scout Association, and that some activities and camps may need additional parental permission for my child to participate. I give my consent to receiving information about such events by electronic means or paper.

I accept that the Scout Group will be keeping information about my son's/daughter's membership of the Scout Movement for Scouting purposes. All personal records will be destroyed when a member leaves Scouting in compliance with current GDPR requirements.

I give explicit consent to the holding of information on my Son's/Daughter's health and disabilities, again for Scouting purposes.

Signed..... Date.....