



4TH EWELL (NONSUCH) SCOUT GROUP MEMBER INFORMATION



All sections of this form should be completed, write "NONE" if a section does not apply. Please complete all sections using CAPITAL LETTERS

1. Member's Details

Surname

First names

Home address

Postcode

Section (Beavers/Cubs/Scouts/Explorers)

Date invested

School

Home telephone number

Mobile telephone number of member (leave blank if none)

Email address of member (leave blank if none)

Date of Birth

Sex (M/F)

Ethnic origin

Religion

2. Parent(s)/Guardian(s) Details

Mother/Guardian

Title

Surname

Forename

Occupation

Emergency contact number (eg. mobile phone)

Email Address (providing this saves paper and postage costs)

Father/Guardian

Title

Surname

Forename

Occupation

Emergency contact number (eg. mobile phone)

Email Address (providing this saves paper and postage costs)

Member lives with: (Tick or cross)

Mother

Father

Guardian(s)

3. Hobbies, Interests and Skills

Can your child swim 50m and tread water? (Tick or cross)

List any specific hobbies, interests and skills **your child** has

List any hobbies, interests and skills **you and your partner** have.

Time available per week/month/year to assist with the Group.

4. Medical Information and Consent

Known allergies (eg penicillin, nuts)

Known health problems or special needs (e.g. asthma, epilepsy).
Please give details of precautions, remedies etc.

Date of last tetanus immunisation

Special dietary requirements (eg. for religious reasons)

Doctor's name and address

Doctor's telephone number

NHS number (if known)

If it becomes necessary for my child to receive emergency medical treatment and I cannot be contacted by telephone or other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

I give general consent for my child to take part in all scouting activities. I acknowledge that my child may be transported to or from activities in Group owned vehicles, Leader's or parent's cars, hired vehicles or on public transport. I accept liability for any damage to property or equipment caused by my child, and I understand that the Leader in Charge reserves the right to send any participants home if necessary.

Sometimes photo and video images of Scouts taking part in activities are submitted to the local media, District or County newsletters and websites or put on display, and I give my general consent for this.

I accept that 4th Ewell (Nonsuch) Scout Group will be keeping information about my child's membership of the Scout Movement for Scouting purposes in accordance with the Data Protection Act 1998. No information held will be shared with third parties outside of Scouting without prior written consent. I will inform the Group immediately of any change to the above information.

This permission is valid until my child leaves the Scout Movement.

5. Signature and Date

Name

Signature (Parent/Guardian)

Date

*Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason we do not insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities. Please delete this part of the statement if you do not wish to sign it.



4th Ewell (Nonsuch) Scout Group



ACTIVITY PERMISSION FORM

Surname (of Scout)

First names (of Scout)

Activity Permission

All activities will be run in accordance with the Safety Rules of the Scout Association. No responsibility for personal equipment, clothing and effects can be accepted by the camp organisers, and the Scout Association does not provide insurance cover in respect of such items.

The majority of activities at are classed as 'general activities' that can be run and supervised by Leaders or appropriately qualified Instructors.

I hereby give general permission for the young person named above to take part in the general activities, organised by the Leadership Team and supervised by appropriately qualified Leaders / Instructors. I understand that the organisers reserve the right to refuse a participants permission to take part in any activity if it is felt that it is not suitable for them to do so.

Special Permission Activities

Certain activities at camp require your express permission before the young person named above can take part in them. This is due to restrictions placed on them by The Scout Association or where activity providers require specific written permission. Whether or not your young person takes part in these activities is your/your son's choice and we require your separate permission for each of them. If you do not wish to give your consent, please leave the relevant boxes blank.

Abseiling, Rock Climbing & Ice Climbing	I hereby give permission for the young person named above to take part in the abseiling, rock climbing and ice climbing, organised by the Leadership Team and supervised by appropriately qualified Leaders / Instructors. I understand that the organisers reserve the right to refuse a participants permission to take part in any activity if it is felt that it is not suitable for them to do so.	Signature
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An Extract from the Firearms Act 1968. "Section 21"

SECTION 21 Prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as AIRGUNS or shot guns cartridges for which a certificate is not needed. A sentence of 3 months to 3 years attracts a 5 years prohibition, shorter ones mean no prohibition but a longer one means a life ban.

Air Rifle Shooting, Laser Clays, Shot guns, Full and Small Bore Rifles and Permitted Hand Guns.	I, being the parent / guardian of the young person named above, declare that he / she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for them to take part in any of the mentioned shooting diciplines, as well as Archery and Axe Throwing while they are an active member of 4th Ewell (Nonsuch) Scout Group.	Signature
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Canoeing & Kayaking and Rafting	I hereby give permission for the young person named above to take part in canoeing, kayaking and rafting, organised by the Leadership Team and supervised by appropriately qualified Leaders / Instructors. I understand that the organisers reserve the right to refuse a participants permission to take part in any activity if it is felt that it is not suitable for them to do so.	Signature
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Code of Conduct, Behaviour & Anti-Bullying

I agree that my Son / Daughter has read and understood the Good Behaviour Policy, Code of Conduct and Anti-Bullying Code. My Son / Daughter agrees to adhere to the policy and if they fail to adhere may be excluded from Section Meetings, Events or Expelled from 4th Ewell (Nonsuch) Scout Group.

Name(s) of Parent/Guardian

Relationship to Young Person

Signature

Date