

1st HINCKLEY (HOLY TRINITY) GROUP MEMBERSHIP FORM

PLEASE USE BLACK INK THROUGHOUT THIS FORM



CHILD'S DETAILS

Child's legal forename:	Middle name(s):
Child's legal surname:	
Child's date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>

PARENT(S)/ GUARDIAN (S) DETAILS

PARENT /GUARDIAN 1 *(with whom the above named lives)*

Title:	Forename:
Surname:	
Relationship to candidate (e.g.father/mother):	
Address:	
Postcode:	
Home phone:	
Mobile phone:	
Email:	

PARENT/GUARDIAN 2

Title:	Forename:
Surname:	
Relationship to candidate (e.g.father/mother):	
Address:	
Postcode:	
Home phone:	
Mobile phone:	
Email:	

Can your child swim 50 metres and keep afloat for five minutes in appropriate clothes? YES NO

Do you give your permission for photographs from Scouting activities are used to promote our group? YES NO

Do you give permission for your child to be transported in a car, coach/minibus travel to activities off site? YES NO

Doctors Name, Address & Contact Number	Details of any Allergies	Religion
Details of any Medical Conditions	Details of any disabilities	Details of any cultural or religious requirements
Details of any medications taken	Details of any educational needs	Name of current School

A range of basic over the counter medication is stored in our First Aid kits. If there are any medications which cause concern, please list them here:

EMERGENCY CONTACT

Title: Forename:

Surname:

Relationship to candidate (e.g. Relative/Friend):

Address:

Postcode:

(this person should not live at the same address as either of the above). This person is to be contacted in case of an emergency/illness at Group events and activities if the parents/guardians named above are not available.

Home phone:

Mobile phone:

Email:

AUTHORISATIONS

I the parent/guardian of the young person named overleaf give my written consent for the Leadership Team to sign on my behalf any form of written consent required for medical treatment if the delay to obtain my signature would be inadvisable by the doctor or surgeon concerned. We will make every effort to contact you in the event of your child becoming ill or being injured whilst in our care irrespective of whether or not it is an emergency, and we will try to ensure you are kept informed of any need for medical treatment.

The medical professions take the view that parent's consent to medical treatment cannot be delegated. The view is explicit in the Children's Act 1989. Thus, medical consent forms have no legal status and a doctor / nurse insisting upon a parent signing to a particular treatment has the right to do so. For this reason we do not insist upon a parent signing the above consent. However, it can be a great comfort to medical staff to have general consent in advance or to have the leader on hand able to sign forms required by the medical authorities.

I give permission for my child to take part in Group activities. I understand that the organisers reserve the right to send participants home if necessary. I also understand that some of the information supplied on this form will be held in an electronic database for administration purposes, in accordance with the Data Protection Act.

I give explicit consent to details of my child's disabilities, health, religion and faith essential to the running of the Group being held confidentially within the organisation. All information given on this form is full and accurate.

I understand that all activities will be run in accordance with The Scout Association's safety rules. No responsibility for the personal equipment/clothing and effects can be accepted by the Group and that The Scout Association does not provide automatic insurance cover in respect to such items.

Signature:

Date:

Print name:

Relationship to child:

GIFT AID DECLARATION

I **DO NOT** want to make a gift aid donation to the 1st Hinckley (Holy Trinity) Scout Group

(please tick)

I **WOULD LIKE** 1st Hinckley (Holy Trinity) Scout Group to treat my donation / membership subscriptions as a Gift Aid donation from today's date forward and for the previous six financial periods (if applicable).

(please tick)

I understand that I must advise you if I do not pay Income Tax or Capital Gains Tax at least equal to the balance they reclaim on my donations.

Title: Forename:

Surname:

Address:

Notes:

You must pay an amount of income tax or capital gains tax at least equal to the tax we reclaim on the payments (currently 28p for every £1 you give.) You can cancel this declaration at any time by notifying us. Please notify us if you change your name or address.

Postcode:

Signature:

Date: