

GROUP MEMBERSHIP FORM

Please complete this form in as much detail as possible and return to your Leader as soon as possible.

Child's Full Name :

Date of Birth:

Parent/Guardian's Names:

Address:

Post Code:

Landline Telephone:

Mobile :

Email Address1:

Email Address1:

Any relevant medical information about your child e.g. allergies, asthma, disabilities, learning disorders etc.
(please continue overleaf if required)

If you (the parent/guardian) have any hobbies, interests or skills that you would be willing to share with the Scout Group or your child's Section please indicate here:

1. Sometimes photos and video images of scouts taking part in activities are given to local newspapers, put in newsletters, on display boards or on scouting websites. Images are never used in association with full names. Indicate if you are happy or not for your child's image to be used.

please circle **YES / NO**

2. If you and/or your partner are working and paying tax please tick the box to enable the scout group to claim Gift Aid on your subscriptions. This can significantly increase the amount of money for the group which helps fund activities and facilities for your child. Thank you.

Signed:

Date:

Print name:

2nd Penparcau scouts records the above data in a database and shares your contact information with leaders for the duration that your dependents attend our group, for the purpose of contacting you, assessing risk that our activities may pose or planning. Some data is shared with Scouts UK, our parent organisation. I hereby consent for this information to be used by 2nd Penparcau scouts. For full information please visit www.penparcauscouts.co.uk/GDPR