

# 1<sup>st</sup> Pontygwaith Scout Group Registration Form

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

**Email Address** (Please note this will only be used to send out information and group newsletters and will not be disclosed to any other person or organisation.)

## Member Profile

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

School \_\_\_\_\_

## Parent / Guardian Information

Parent / Guardian \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Parent's Hobbies & Interests \_\_\_\_\_

## Medical Information

Doctor's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Child's National Health Number \_\_\_\_\_

**Special Needs** (Please state any special needs your child may have in order that we may adjust the programme as necessary (ADHD, Dyslexia, Physical / Mental Disorders))

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact** (Please note this person will only be contacted in an emergency, should parent or guardian not be available.)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Please sign and date below to say that you have no objections to:

- The above information being stored on a personal computer.
- Appropriate photographs, in which your son / daughter may appear, being posted on the Group Web Site or for use in promoting the scout Group..

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed \_\_\_\_\_