

Membership Registration Form



Information contained within this form will be transferred to both the Online Scout Manager and our Excel Spreadsheet system in order to manage the Group in accordance with our Privacy Policy which is attached.

Information about young person

Name:			
Address:			Post Code:
Home Phone No:			
Date of Birth:			
Living with	(i.e. Mum and Dad, Mum, Dad, Carer etc)		
School attended:		School Year	
Nationality			
Ethnicity: (please circle)	UK - Irish - Gypsy/Irish Traveller - Other White - White/Black Caribbean - White/Black African - White/Asian- Other Mixed - Indian - Pakistani - Bangladeshi - Chinese - Other Asian - African - Caribbean- Other - Black/African/Caribbean - Arab – Other		
Religion: (please circle)	Buddhist - Christian (any) - Hindu - Jewish - Muslim - Sikh - Other - None		

Primary Contact

Secondary Contact

Name:		
Address:		
Postcode:		
Home Phone No:		
Mobile Phone No:		
Email Address:		
Relationship to child:		

Alternative Emergency Contact

Please nominate someone other than the contacts above we can contact in an emergency.

Name:			
Address:			Post Code:
Home Phone No:		Mobile Phone No:	
Email Address:			
Relationship to child:			

Medical Details

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Miscellaneous Details:

Dietary, Behavioural, Learning, Cultural, Religious or Special Needs:

I will encourage my child to attend meetings and activities and will contact their leader if they are unable to attend.

I will be responsible for paying the monthly membership fee, which is payable in advance via direct debit, whilst my child is a member of 1st Nuneaton Scout Group. I understand this fee is payable even if they fail to attend a weekly meeting and will continue to be payable until I terminate membership through written or verbal notification to the relevant Section Leader.

I will notify their leader if any of the information I have given on this form needs updating.

Signed:		Date:	
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This should be the main contact.

Declarations:

I agree that attendance of meetings and events is conditional upon my son/daughter maintaining acceptable levels of behaviour. Leaders reserve the right to refuse participation of activities / request the young person to leave the Scout Group either temporarily or permanently if we think their behaviour is having an adverse effect on the safety or enjoyment of the activity or Scouting in general for others. (1)			
Signed:		Date:	
I give my permission for Leaders to take the young person named above off site as and when activities require this during a weekly meeting. I also give my permission to allow leaders to transport the young person using the leader's own vehicle if/when required. I understand that the Scout Association does not provide insurance cover for the driver and any claims must be directed to the driver's own car insurance policy. The Scout Association's Personal Accident and Medical Expenses policy will still cover members whilst being transported to and from Scouting activities.			
Signed:		Date:	
I give my permission for a qualified first aider to administer first aid if needed and for any necessary medical or hospital treatment required, to be authorised on my behalf if attempts to contact the emergency contact(s) are unsuccessful. (2)			
Signed:		Date:	
I give my permission for my young person to take part in Air Rifle Shooting & Archery? A trained leader supervises all sessions			
Signed:		Date:	
I give explicit consent to the holding of information of the young person's health; disabilities; religion/faith; race/ethnic origin for Scouting purposes in accordance with the attached Privacy Policy. (3)			
Signed:		Date:	
I am aware that photos/videos of my son/daughter may be used for Scouting purposes. See our Privacy Policy - Internet Data section. Please make a leader aware if you have any issues with this policy.			
Signed:		Date:	

Note (1): All activities are run in accordance with The Scout Association's safety rules. No responsibility for personal equipment/clothing and effects can be accepted by the Scout Group or its Leaders. The Scout Association does not provide automatic insurance cover in respect to such items.

Note (2): The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children's Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason we do not recommend that Leaders 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.

Note (3): Holding details including health, disabilities, religion and race are classed as Sensitive Personal Data by the General Data Protection Regulations and we therefore need your explicit consent. This data will only be used within the Scout Association.



Gift Aid Declaration form

Boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. These details are kept for 6 financial years for any additional queries regarding your gift aid declaration.

In order to Gift Aid your donation you must complete the details below:

I want to Gift Aid any donations I make in the future, or have made in the past four years to:

1st Nuneaton (Attleborough) Scout Group. Charity Number: 519200

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Young person name / names	
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Donor's details					
Title		First Name		Surname	
Home Address					
Postcode					
<p>I am a UK taxpayer and understand that if I pay less income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.</p>					
Signature				Date	

Please notify 1st Nuneaton (Attleborough) Scout Group if you:

- Want to cancel this declaration.
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains and cannot claim gift aid

*If you pay income tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return this form to the Secretary, 1st Nuneaton (Attleborough) Scout Group or the Section Leaders.