

# 12<sup>th</sup> Didcot Scouts Membership Form

## Contact Information

Child's name: .....

Gender: M / F

Date of Birth: .....

Parental name: .....

Address: .....

.....

..... Postcode: .....

Phone number: .....

Mobile number: .....

Mobile number: .....

Email address: .....

## Further Information

Parent(s) occupation(s): .....

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Have you or your partner/spouse ever been a member of the Scout or Guild Movement?

Mother - yes / no          Father - yes / no

Time available per week/month/year for assisting with the Group:

.....

Please give details of any skills or hobbies you have that could contribute to the running of the Group or the provision of activities: e.g. first aid, DIY or office administrative skills:

.....

Child's School: .....

Ethnic Origin: .....

Religion: .....

## Medical Information

Doctor's Name: .....

Doctor Surgery: .....

Doctors Phone: .....

Please list any medical conditions, allergies or special requirements your child has (full information on the appropriate way to cater for these should also be given to your child's leader):

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Please give details of any dietary requirements your child has:

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## Gift Aid Declaration

(please tick to confirm your Gift Aid Declaration)

I would like the Scout Group to treat all payments I make in respect of the member subscriptions and donations for the Group as Gift Aid donations.

NOTE: You must be a tax payer and pay an amount of income tax or capital gains tax at least equal to the amount we reclaim on the payments (currently 28p for every £1 you give). You can cancel this declaration of any time by notifying the Scout Group Treasurer.

Please tick if you accept that images of your child may be used ONLY for Scouting purposes.

I accept that the Scout Group will be keeping information about my child's membership of the Scout Association.

I accept that this information will ONLY be used for Scout purposes.

Parental signature: .....

Date: .....