8th Letchworth Scout Troop

Please complete <u>all sections</u> and return to ensure we have up to date	information about your child.	
Scouts Name	Date of birth/	/ Male/Female
Scout's main home address		
	Postcode	
Parent/Carer 1 Name	Phone	
Parents/Carers Email Address		
Parent/Carer 2 Name	Phone	
Parent/Carer email address		
Please add 8thletchworthscouts@googlegroups.com and 8thletchworthscout	group@gmail.com_to your address book to make su	re emails don't end up in spam)
Religion/any religious requirements	Ethnic Origin	
Disabilities, Special Needs, Diet, Allergies, Fears, Phobias, Medical	•	
Any other information which you may feel relevant		
Doctors Name Surgery Addre	essSurgery telephone num	ber
Previous Cub Membership: Dates	Pack	
In order to carry out our various activities it is often necessary to enl on activities are CRB checked through the Scout Association. Please childminder etc.) would like to be CRB checked through the scout a	e indicate below if you or someone close to you	
Name: Relationship to	childTel.No	
In addition we may from time to time take digital photos of the scou your consent to possibly use these photos in scouting publications, s Please sign below to confirm that permission is granted.		
Signed		Date
Under the rules of the Data Protection Act, storing sensitive data on the parents/carers of the respective children. If you agree to the infor the Scout Association database please sign below to confirm your co	mation on this form being stored securely on t	_
SignaturePrint Name	Relation ship to child	Date

The contents of this form will remain confidential and will only be used by the Scout Association