

# 8<sup>th</sup> Letchworth Cub Pack

Please complete all sections and return to ensure we have up to date information about your child.

Cubs Name.....Date of birth ...../...../..... Male/Female

Cub'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 [8thlethworthcubs@googlegroups.com](mailto:8thlethworthcubs@googlegroups.com) and [8thlethworthscoutgroup@gmail.com](mailto:8thlethworthscoutgroup@gmail.com) to your address book to make sure emails don't end up in spam)

Cub's Religion/any religious requirements .....Ethnic Origin.....

Disabilities, Special Needs, Diet, Allergies, Fears, Phobias, Medical Conditions, Learning Difficulties etc

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Any other information which you may feel relevant .....

Doctors Name ..... Surgery Address .....

Surgery telephone number .....

Previous Beaver/Cub Membership: Dates.....Colony/Pack .....

In order to carry out our various activities it is often necessary to enlist the help of parents'/carers'. It is Scout Association policy that helpers on activities are CRB checked through the Scout Association. Please indicate below if you or someone close to your child (eg Grandparent, childminder etc. ) would like to be CRB checked through the scout association.

Name: ..... Relationship to child..... Tel.No. ....

In addition we may from time to time take digital photos of the cubs during their activities. In accordance with good practice, we would like your consent to possibly use these photos in scouting publications, scouting websites, scout social media sites, displays or craft activities. Please sign below to confirm that permission is granted.

Signed.....Date.....

Under the rules of the Data Protection Act, storing sensitive data online that the Scout Association has asked for requires explicit consent from the parents/carers of the respective children. If you agree to the information on this form being stored securely on the Online Scout Manager and the Scout Association database please sign below to confirm your consent.

Signature.....Print Name.....Relationship to child..... Date.....

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