



9<sup>th</sup> Penwortham (St Leonard's)

## Membership Application

Full Name of Child \_\_\_\_\_

Address \_\_\_\_\_

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

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

Parent's/Guardian's Names \_\_\_\_\_

1<sup>st</sup> Contact (Designated Primary Contact)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

2<sup>nd</sup> Contact (If required)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name & Address of Doctor \_\_\_\_\_

Child's NHS Number \_\_\_\_\_

Any disability or illness \_\_\_\_\_

Dietary Needs \_\_\_\_\_

Additional Needs/Disabilities \_\_\_\_\_

I accept the Scout Group will be keeping information about my child's membership of the Scout Movement. I understand it will only be used for Scouting purposes.

This form gives your permission for your child's photograph to be taken by warranted leaders and other registered adults. These may be used time to time for publicity purposes and kept within the Scout records. By signing this form you have given your consent to this.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

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