

Oldham District Scout Council

Registered Charity Number: 521640
http://www.oldhamscouts.org.uk



New Member Registration Document

Welcome to Scouting in Oldham and your new group. In order for your leader to ensure that your child enjoys all that is on offer to them and to enable your leader to get in contact with you should the need arise please complete the following information:

Personal details

Child's Name: _____ Parents/Guardian Name: _____
Date of Birth: _____ Relationship: _____
Home Address: _____ Address of contact if not at home: _____

Postcode: _____ Postcode: _____
Telephone No: _____ Telephone No: _____
Mobile No: _____ Email: _____

Medical information

Your child's GP: _____ Telephone No: _____
Address: _____
Your child's Dentist: _____ Telephone No: _____
Address: _____

When did your child last have a tetanus injection: Date _____

Does your child suffer or has suffered from:

Asthma: YES / NO* Hayfever: YES / NO* Allergies: YES / NO* Epilepsy: YES / NO*

If yes please give details: _____

Is your child allergic to plasters..... YES / NO*

If yes please give details: _____

Has your child ever reacted to any drugs (such as penicillin)..... YES / NO*

If yes please give details: _____

Has your child ever had a general anaesthetic (including at the dentist)..... YES / NO*

Has you child or any blood relative ever had any problems with general anaesthetics..... YES / NO*

If yes please give details: _____

If your child has a headache what medicine / tablets do you give: _____
(we generally have calpol / paracetomal at camp)

If these are available if your child has a headache could we give them..... YES / NO*

Is your child on any regular medicines / tablets / inhalers..... YES / NO*

If yes please give details: _____

Is your child on any medication which are for emergency use only YES / NO*

If yes please give details: _____

Please hand over any medications etc to a leader on pack night or when leaving for camp - this is a safety precaution. Also please ensure that there is enough for the duration of the camp / excursion or night and it is clearly marked with what it is, the dosage required, your child's name and group number.

If deemed necessary can sun cream be provided for your child to put on..... YES / NO*

Can your child swim 50 Metres and tread water unaided..... YES / NO*

If NO Can your child bathe under careful supervision..... YES / NO*

If there is any additional information (Medical Conditions, Allergies, Behavioural difficulties, bed-wetting, nightmares, dietary requirements etc.) that you think may be helpful to us while your child is with us either at camp or on a normal meeting night please use the space below.

PHOTOGRAPHS

Please indicate if you are happy for photographs to be taken on Scouting activities for the following reasons:

- Whilst on a swimming activity..... YES / NO*
- In Leaders / young members personal albums..... YES / NO*
- To be used (without naming children) in a slide show to promote Scouting in our local schools..... YES / NO*
- To be included in a group photo for use by the press..... YES / NO*
- To be included and named in a photo for use by the press..... YES / NO*
- To be used on the District / County website..... YES / NO*

DECLARATION

I confirm that if I provide transport for any activities that, the children will be in seat belts and the vehicle will be adequately insured, and fully legal on the road.

Signed _____ Print Name _____

Valid for 1 year from the date of signature, to guarantee up to date information this form will be reissued every 12 months

*Delete where appropriate

In accordance with the provision of the Data Protection Act 1998 any personal data which is supplied to the Oldham District Scout Council or any Group who is a member of the Oldham District Scout Council will be held in a secure database and used solely for the purpose of Oldham District Scout Council or any Group who is a member of Oldham District Scout Council. The information provided will not be passed to any third party. Information provided to Oldham District Scout Council or any Group who is a member of Oldham District Scout Council will be subject to review annually by the Data Controller.

For official use only	
Date joined movement _____	
Date when 8 _____	Date when 10½ _____
Date when 14 _____	Date when 18 _____
Date left the movement _____	Reason why _____

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GIFT AID DECLARATION

Details of Donor

Title _____ Forenames _____ Surname _____

Address _____

Postcode _____

I want the _____ (Group name) to treat all donations that I make from the date of this declaration until I notify them otherwise as Gift Aid donations.

Signed _____ Date _____

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year. (currently 28p for each £1 you give).

NOTES

1. You can cancel this Declaration at any time by notifying the charity.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or, refer to donations by individuals.
5. Please notify the charity if you change your name or address.