

complete on separate sheet if

Dietary needs or requirements.

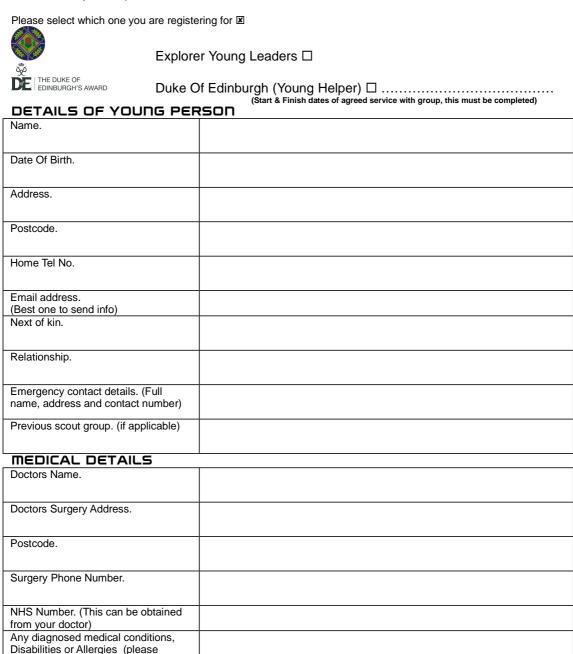
needed)





MOORS & COASTAL DISTRICT YOUNG LEADER REGISTRATION / HEALTH FORM SEPT 2016-17

Please complete the following form **fully and in block capitals** and return to – Angela Fey, C/O District Administrator, 56 Bathurst Close, Burnham On Sea, Somerset, TA8 2SZ. All information will be treated with the strictest of confidence. (Please read each section and complete fully, with as much detail as possible.)



MEDICAL

The Person named on this form **may / may not** be given* preparations from the general sales or pharmacist of medications for minor ailments e.g. Paracetamol

*Please delete as applicable

Please let the leadership team know of any infectious diseases your child comes into contact with (e.g. chicken pox, measles, rubella, diphtheria etc.

In the space below please let us know of any medicines/diets/treatments your child is currently on.

DATA PROTECTION

In order for Moors & Coastal to comply with the data protection act, your consent must be given to enable the district to maintain records and share this information from time to time within the scout movement, including the headquarters of the association, this includes both paper and computer based information. Any information held by us will not be passed outside the scout movement without your consent, certain information is classed by the act as "sensitive personal data" and in this scouting context includes health, disabilities, allergies and religion. If you have any questions on this subject please address them to the District commissioner.

By signing this form you have given your consent to this.

PHOTOGRAPHS

This form gives your permission for your child's photograph to be taken at section events and meetings by scout appointed leaders and other registered adults or appointed media representatives, these may be used for publicity purposes by the District/County (including Facebook and Twitter which is monitored) and kept within the district records, if you **DO NOT** consent to this then please tick here □

GENERAL INFO

The following is used in our annual census returns to the headquarters of the UK scout association for monitoring its membership and also for our general knowledge. ☐ He/she can swim 25 meters Hobbies or interests Religion or faith ☐ Buddhist ☐ Muslim ☐ Christian (All denominations) ☐ Sikh ☐ Hindu ☐ Other ☐ Jewish ☐ No Religion **Ethnicity** E.g. White English/welsh/Scottish, Irish, Mixed/multiple ethnic group Asian/Asian British Black/African/black British etc.

Please let the leadership team Know of any changes on this form if they occur.

Name of Parent/Guardian.	Relationship to young person.	
Signature.	Date.	



EXPLORERS*

Section you are working with:

EXPLORERS*

MOORS & COASTAL YOUNG LEADERS

Cubs

Scouts

Beavers

Name of Group:		
Which night of the week do they meet:	Monday / Tuesday / Wednesday / Thursday / Friday	
Where does the meeting take place:		
Postcode:		
Meeting times (start and finish):		
Section leaders name:		
If you are only taking part in the Duke of Edinburgh scheme as a young helper, please skip the rest of this page and sign the declaration on the last page		
YOUNG LEADER DECLAR	RATIONS	
All three sections below must be signed and completed		
DECLARATION BY THE G		
	ressed an interest in becoming a young leader with the group named above. In as required by district and the group will encourage the individual to attend	
Signed by the GSL / Scouter in charge:	Date:	
DECLARAION BY PAREN	T / GAURDIAN	
there are requirements for him / her to t will pay a basic membership fee which	o register with Moors & Coastal explorer unit as a young leader. I am aware ake part in training. I understand the group with which he / she is helping with will ensure he / she is registered as a member of the scout association and in scouting activities, but further financial contribution will be required if he / r meetings or events.	
Signed by Parent / Guardian:	Date:	
DECLARATION BY E	XPLORER SCOUT	
requirement for me to take part in trainir	Coastal District explorers as a young leader. I understand there is a ng for this role and will do my best to attend sessions when offered. I explorer scout meetings or events and that there may be an additional	
Signed by Explorer scout:	Date:	



As a Duke of Edinburgh participant undertaking the service part of their award within the scout association, the participant must understand that they can only stay as long as the agreed time within the section they choose. Although they will be covered under basic scouting insurance, certain adventurous activities may require additional insurance to cover the participant. They must complete module A before they take part in the service section of the scheme and additional fees may be chargeable for this.

Signed by Duke of Edinburgh participant:

Date:

Signed by Parent / Guardian:

Date:

Date:

