14th ANDOVER (STOCKBRIDGE) SCOUT GROUP

RECORD SHEET - BEAVER/CUB/SCOUT –*(please delete as appropriate)*

FULL NAME OF CHILD	
HOME ADDRESS	
DATE OF BIRTH	
NAME OF PARENT/GUARDIAN	
HOME & MOBILE TELEPHONE	
EMAIL ADDRESS	
EMERGENCY CONTACT NUMBER	
DOCTORS NAME & CONTACT	
SCHOOL ATTENDED	
GENERAL INTERESTS OF CHILD	
MEDICAL/ALLERGY OR DIET INFORMATION	
PERMISSION FOR IMAGES OF CHILD TOAPPEAR IN THE FOLLOWING ENVIROMENTS: SCOUT HALL: SCOUT WEBSITE: NEWSLETTERS/NEWSPAPERS:	

PERMISSION TO GIFT AID ALL SUBSCRIPTION FEES IF TAX PAYER	
ARE YOU ABLE TO HELP AT MEETINGS	
ANY OTHER INFORMATION	

PARENTS SIGNATURE .....

DATE.....

PLEASE RETURN TO YOUR SECTION LEADER *(TO BE COPIED TO TREASURER)*