



The White Field Explorer Unit

Registration Form

This form is to be completed annually to ensure that we have up to date personal information for all members including medical details and emergency contact information. please inform us immediately of any changes to any of the information you provide.

ALL FIELDS TO BE COMPLETED.

Name of Member: _____ M/F: _____ Date of Birth: _____

Address: _____

Town: _____ County: _____ Post Code: _____

School name: _____ Class / Year: _____

Religion or Faith: _____ (Christian – includes all denominations, Jewish, Sikh, Atheist etc)

Ethnicity: _____ (White, Mixed, Asian, etc)

Nationality: _____ (Optional)

Email Address of member: _____

Contact Number of member: _____

Primary Contact's (usually parent / guardian / carer)

Name 1: _____ Relationship: _____ Name 2: _____ Relationship: _____

Contact Number 1: _____ 2: _____

Email Address 1: _____ 2: _____

We will automatically send emails to both Primary contact emails unless told otherwise, tick here if you only want us to use primary email address 1:

Medical Details

Doctor / Surgery: _____ Surgery Number: _____

Address: _____

Details of any medical conditions, allergies or dietary requirements (Please provide details that we should be aware of including any medication needed whilst at The Scouts): _____

Additional needs (Please provide details of any particular / additional needs leaders should be aware of): _____

I Confirm that all the above information provided is correct and can be used to contact myself or a relative in the event of an emergency or other circumstances.

By signing this form I agree and consent to the following:-

- If it is deemed necessary for the above young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my consent to any necessary medical treatment and authorise the leader in charge to sign any document required by medical authorities.
- I give permission for my child to participate in bonafide scouting activities in The Scouts (The Scout Association).
- I am happy for photographs/videos to be taken of my child during Scouting activities and used at all levels within The Scouts (The Scout Association) for publicity, communications and publications including social media. If you have any objections please confirm this in writing to your child's Section Leader.
- I agree that I will contact the leader of the section my son / daughter to inform them of any changes to contact details as soon as possible.
- I have read and agree to the Code of Conduct / Camp Rules of The White Field Explorer Unit and 109th Scout Group.

Data Protection

All personal information (including sensitive data) is held in accordance with the General Data Protection Regulations (GDPR). Personal data is held securely on this form and within Online Scout Manager (Online database system). You have the right to ask for a copy of all data we hold about your child, this is known as a SAR. We take data protection seriously and further information about how we collect, process & retain personal data is provided in our GDPR Privacy Notice.

Parent / Guardian: _____

Signed: _____

Relationship to member: _____

Date: _____

Member name: _____

Signed: _____