

# Registration Form

**Section (Beavers, Cubs, Scouts) .....**

(This part of the form should be returned to the section leader)

## Young Person:

Full name.....

Date of Birth.....

School.....

Religious Denomination or Faith.....

## Main Contact

Name .....

Address.....

.....Postcode:.....

Contact Tel No .....

Mobile No.....

E-Mail Address .....

## Additional Emergency Contact (for use if main contact unavailable)

Name .....

Address.....

.....Postcode:.....

Contact Tel No .....

Mobile No.....

E-Mail Address .....

## Doctors Details

Doctor Name .....

Doctor Surgery .....

Tel No .....

## Photographic Permission

Please tick if you accept that images of your child may be used ONLY for Scouting purposes.

(This part of the form should be returned to the section leader)

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## Registration Form (continued)

### Special needs

Details of any Special needs: (e.g. Autism, Dyslexia, Dyspraxia, Epilepsy, Diabetes, Sight impairment, Hearing impairment. Learning difficulties, ADHD, etc.).

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Any Known Allergies/Sensitivities (e.g. Food allergies, Asthma, Eczema, Hay Fever. etc.)

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### Data Protection Act. – Holding Data Permission

I accept that the Scout Group will be keeping information about my child's membership of the Scout Association and that this information will ONLY be used for Scout purposes.

### Fund raising event

Please tick to confirm your commitment to assist for at least two hours every year during one of our major fundraising events (details will be provided nearer the event)

Signed .....

Name of Parent/Carer.....

Relationship to Young Person.....

Date.....

(This part of the form should be returned to the section leader)

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## Gift Aid Form

*Please* complete the following section so that we can benefit from the Governments Gift Aid scheme. This is a *significant* source of funds for us which costs you nothing and we would like to get 100% of the parents signed up.

I would like the North Banbury Scout Group to treat my membership subscription (£30 per term) as a Gift Aid donation from this date forward and for the previous four financial periods (if applicable). (Please tick to confirm your Gift Aid Declaration)

**Tax payers name** .....

**Address** .....

**Postcode** .....

**Date** ..... **Signature** .....

NOTE: I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs), that I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give. You can cancel this declaration; change your name or home address or no longer pay sufficient tax on your income and/or capital gains any time by notifying the Scout Group.

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