



MOORS & COASTAL DISTRICT EXPLORER SCOUTS REGISTRATION / HEALTH FORM

Please complete the following form **fully and in block capitals** and return to –
Ben Groves, 4 Edithmead Lane, Edithmead, Highbridge, Somerset, TA9 4HB.
All information will be treated with the strictest of confidence. (All parts must be completed fully)

Please select which one you are registering for

EXPLORERS

Explorer Scouts



Explorer Young Leaders



Duke Of Edinburgh (Young Helper)

(Start & Finish dates of agreed service)

DETAILS OF YOUNG PERSON

Name.	
Date Of Birth.	
Address.	
Postcode.	
Home Tel No.	
Email address. (Best one to send info)	
Next of kin.	
Relationship.	
Emergency contact details. (Full name, address and contact number)	
Previous scout group. (if applicable)	

MEDICAL DETAILS

Doctors Name.	
Doctors Surgery Address.	
Postcode.	
Surgery Phone Number.	
NHS Number. (This can be obtained from your doctor)	
Any diagnosed medical conditions, Disabilities or Allergies (please complete on separate sheet if needed)	
Dietary needs or requirements.	

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 Jill Groves, District commissioner, 01278 781765.
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

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (All denominations) | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> 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.

EXPLORERS

Name of Parent/Guardian.

Relationship to young person.

Signature.

Date.

EXPLORERS*



EXPLORERS*

MOORS & COASTAL YOUNG LEADERS

Section you are working with:	Beavers	Cubs	Scouts
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 DECLARATIONS

All three sections below must be signed and completed

DECLARATION BY THE GROUP

The young person on this form has expressed an interest in becoming a young leader with the group named above. I confirm that the group will pay capitation as required by district and the group will encourage the individual to attend the young leader training as required.

Signed by the GSL / Scouter in charge:

Date:

DECLARATION BY PARENT / GUARDIAN

I confirm my son / daughter would like to register with Moors & Coastal explorer unit as a young leader. I am aware there are requirements for him / her to take part in training. I understand the group with which he / she is helping with will pay a basic membership fee which will ensure he / she is registered as a member of the scout association and covered by insurance when taking part in scouting activities, but further financial contribution will be required if he / she wishes to take part in other explorer meetings or events.

Signed by Parent / Guardian:

Date:

DECLARATION BY EXPLORER SCOUT

I would like to be invested into Moors & Coastal District explorers as a young leader. I understand there is a requirement for me to take part in training for this role and will do my best to attend sessions when offered. I understand that I may take part in other explorer scout meetings or events and that there may be an additional charge.

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:

Signed by GSL / Scouter in charge:

Date:

**INSPIRE,
DEVELOP,
LEAD.**