



# REGISTRATION FORM

INFORMATION IN CONFIDENCE – To be returned to Section Leader



To facilitate your child taking part in Scouting safely we ask parents for some essential information by completing and signing this form. Return the completed form to the Section Leader. The information you supply will be held in strictest confidence.

Please Tick: <input type="checkbox"/> Beaver <input type="checkbox"/> Boy Cub <input type="checkbox"/> Girl Cubs <input type="checkbox"/> Girl Scout <input type="checkbox"/> Boy Scout <input type="checkbox"/> Girl Explorer <input type="checkbox"/> Boy Explorer			
Child - Name			
Address			
Postcode			
Child - Telephone			
Child - Date of Birth		Gender:	Male / Female

To help Leaders prepare and provide appropriate support, please give details of any medical condition (e.g. allergies, asthma, diabetes, epilepsy), disability or special educational needs of your child:

Please give details of any special dietary requirements, including food allergies: (please note any food we provide will be Halal)

The Scout Association occasionally asks for information on the ethnic origin of its Members. To help your Leader provide this information accurately please tick the appropriate box indicating your child's ethnic origin:

- White   
  Pakistani   
  Bangladeshi   
  Arab   
  Mixed or multiple ethnic groups   
  Asian/ Asian British  
 African   
  Indian   
  Caribbean or Black   
  other ethnic group

## EMERGENCY CONTACT

Please give details of where you can normally be contacted in case of emergency during a weekly meeting

Name (Parent / Guardian)			
Address (If different from			
Postcode			
Telephone		Mobile:	
Email			
<b>ALTERNATIVE CONTACT</b>			
Name		Relationship (e.g. grandparent):	
Address			
Post Code			
Telephone		Mobile:	

# ...EVERYDAY ADVENTURE

## 1ST CATHAYS AL-HUDA SCOUT GROUP

Affiliated member of the Scout Association  
Scout Hall, 1-23 Wyverne Road, Cardiff, CF24 4BG  
www.1stcathays.org.uk

## GIFT AID & DECLARATION

- I accept that the Scout Group will be keeping information about my son / daughter’s membership of the Scout Movement for Scouting purposes.
- I give explicit consent to the holding of information of my son / daughter’s health, disabilities; on computer, as well as paper, for Scouting purposes.
- I agree to encourage 100% attendance and punctuality for my son / daughter and I understand that they may be asked to leave the Group if their attendance and punctuality becomes unacceptable by the Section Leader.
- I understand that photographs and digital images of my son / daughter taken during sectional meetings / camps / Scouting events may be used for websites, newsletters, presentations, promotion and publicity of 1<sup>st</sup> Cathays Al Huda Scout Group and / or The Scout Association, which may be available in the public domain in accordance with The Scout Association guidelines.
- I give permission for my son / daughter to receive medical treatment by a warranted Leader if necessary.

**GIFT AID: Please tick this box**  If you would like the Scout Group to treat all payments I have made in the past 4 years and all future payments in respect of member subscriptions and other donations for the 1<sup>st</sup> Cathays Al-Huda as Gift Aid donations.  
**Please note this does not cost you anything and we can reclaim 25p for every £1 you pay in membership fees!**

- Gift Aid Notes:
1. You must pay an amount of income tax or capital gains tax at least equal to the tax we reclaim on the payments.
  2. You can cancel this declaration at any time by notifying the Scout Group / District / Region.
  3. Please notify the relevant body if you change your name or address.

Signature		Date	
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## PAYMENT

To be completed by the Section leader:

Amount Paid:			
Method	Cash / Cheque / Card		
Leader:			
Signature:		Date	



## RECEIPT

Receipts will be issued on request only.

Amount Paid:			
Method	Cash / Cheque / Card		
Leader:			
Signature:		Date	