

Membership Application Form

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|-------------------------------------|--|
| Childs Full Name | |
| Address | |
| | |
| | |
| Post Code | |
| Date of Birth | |
| 1 st Parent / Carer Name | |
| 2 nd Parent / Carer Name | |
| Phone Number | |
| Alternative / Mobile Phone Number | |
| Email Address | |

I would like my child to be considered for membership of the 4th Royal Eltham Scout Group.

I am aware that photographs of activities may appear on our Group Web site and on our Facebook pages*.

My child **DOES / DOES NOT**** have Special Educational Needs (SEN), Allergies however minor, medical or other condition/s which may become problematic. phobia (fear of the dark, confined spaces etc.

**Cross off that which does not apply.

By signing this form, you agree to our terms & conditions which are available on request or from our web site.

| | | | |
|--------|--|------|--|
| Signed | | Date | |
|--------|--|------|--|

*Images and words which appear on our web site and Facebook pages will comply to the Scouting Associations "Safe Surfing" Policy and you will be able to request that the identity of your child is concealed.

www.4th-royal-eltham-scouts.net

Group Leader
Justine Meldrum
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