

# ...EVERYDAY ADVENTURE

## Box Cubs – Membership Form

Lambert's Own Cubs are part of the 1<sup>st</sup> Neston and Box Scout Group. By filling in this form you are applying for your child to become a member of this Group. We will hold information about you and your child for Scouting purposes only and by filling in and signing this form you give your consent to the holding of such information (including details about health, special needs and faith) as well as giving us permission to contact you by email. We will hold some of this data on Online Scout Manager, the Scout Management System we use.

Your Name(s)		
Your Child's Full Name		
Your Child's Date of Birth		
Address (including postcode)		
Your Home Phone Number		
Your Mobile Phone Number(s)		
Your Email Address		
School attended		
Details of any Special Needs, Dietary Requirements, Allergies or other Information you feel the Leaders should know about. Any inhalers, epipens etc must be mentioned!		
First Aid etc	<p>As well as routine First Aid, please confirm whether or not you are happy for the listed items to be administered if deemed appropriate by the Leader</p> <p>Sun screen            YES / NO    (Boots Soltan Kids SPF 50)</p> <p>Stings/Bites        YES / NO    (Jungle Formula Bite and Sting Relief Spray)</p> <p>Calpol                YES / NO    (Calpol Six Plus Sugar Free Suspension)</p>	
Photos PLEASE SCORE THROUGH IF YOU DO NOT AGREE	I understand that from time to time photos are taken on cub activities and I am happy for the above Cub to be photographed and for the photos to be used by the Group.	
Your signature		
Date		

