



## 6th Meath (Ashbourne) Scout Group

Scouting Ireland

# REGISTRATION FORM 2018/19

Please complete using BLOCK CAPITALS



### General Consent

**\*Required**

I/We the parent(s)/guardian(s) of

who was born on \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ hereby register my/our child as a member of Scouting Ireland and give permission for him/her to participate in all meetings and activities organised and run by 6th Meath (Ashbourne) Scout Group from September 2018 to September 2019.

☐ I/We authorise 6th Meath Scouters, or their nominees, to have authority over our child to the same extent as we ourselves.

☐ I/We confirm and agree that our child shall be bound by the 6th Meath Code of Conduct, a copy of which has been provided to me/us.

☐ I/We understand that our child's membership is contingent upon payment of fees due (€160), and on active participation in scheduled meetings and organised activities.

### Other Consents/Details

**\*Required**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Do you give consent for your child to appear in photographs taken for promotional and record purposes? | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you give permission for your child to take part in water activities? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

|                             |                          |                          |
|-----------------------------|--------------------------|--------------------------|
| Is your child able to swim? | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------------------|--------------------------|--------------------------|

### Medical Consent

**\*Required**

☐ I/We understand that in the event of my/our child requiring medical attention all reasonable efforts will be made to contact me/us (or the Alternative Emergency Contact if I/we are uncontactable) at the contact numbers provided on this form.

☐ In the event of my/our child being taken ill or injured during the period of this consent, I/we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I/we cannot be contacted for the purposes of giving consent at the time of treatment. I/We hereby authorise the Scouters specified to communicate our consent to any treating medical/dental practitioner.

☐ I/We confirm that the medical details in relation to my/our child are correct.

### Medical Details

**\*Required**

These are the medical details of my/our child.

If you answer YES to any question, please provide details in the space provided below.

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Has your child any serious illnesses or other medical conditions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child take any regular medications?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any medications that your child is allergic to and/or must not be prescribed/given?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any allergies?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child any special dietary requirements?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child been fully vaccinated? If not, please state which vaccinations have been received, if any. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child any medical history of which we should be aware?   | <input type="checkbox"/> | <input type="checkbox"/> |

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If you require a Scouter to administer or manage medications during activities, this can be requested via the 'Managing Medications Form' (available separately)

### Family GP Details

**\*Required**

Family GP:

Address:

Telephone:

Date of last  
checkup:

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## REGISTRATION FORM (continued)

The information gathered on this form is necessary for the following purposes:

- To register your child's details with Scouting Ireland for membership and insurance purposes, and to ensure that such details are accurate and up to date
- To allow us, and Scouting Ireland, to communicate with you concerning scouting activities which your child may be engaged in, and other Scouting-related matters
- To allow us to provide medical details to medical professionals, should the need arise



### Parent(s)/Guardian(s) Contact Details

\*Required

Names\*:

Phone (Home)\*:

Phone (Mobile)\*:

Postal Address\*:

Email\*:

### Alternative Emergency Contact

Name:

Phone:

### Additional Information

Please ensure you provide all the information necessary to ensure your child has the safest and most enjoyable experience in Scouting. Please include any additional information including any special needs or conditions (e.g. travel sickness, sleep-walking, etc.)

### Signature of Parent(s)/Guardian(s)

\*Required

Signature(s):

Date:

\*Please be aware that if you do not give consent we cannot permit your child to engage in scouting activities, as we will not have the ability to ensure your child's safe participation.

The information provided in this form shall be treated with the utmost confidentiality. None of the information provided shall be disclosed to other parties except appropriate adult members of Scouting Ireland or medical personnel, and only when necessary, without prior permission, or unless required by law. This data collected in this form will be used locally by this Scout Group. In addition, data collected in this form, bar the medical information, will be given to Scouting Ireland, and stored on the Membership Management System. For further information please consult your Scout Groups Information Notice and Privacy Notice. Further information is available at <https://www.scouts.ie/Data-Protection/>