



Ticehurst Scout Group Joining Form

Section	
Young person details	
Name	
Date of birth	
Home address	
Postcode	
Daytime Telephone	
Evening Telephone	
Special needs (if any)	
Parent carer details	
Name	
Address (if different)	
Mobile number	
e-mail address	

I agree that the above named young person may take part in activities organised but not limited to the leaders of 1st Ticehurst Scouts. I understand that the leaders reserve the right to send any young person home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge to sign any document required by the hospital authorities.

Signature of parent/guardian _____

Date: _____