

# 2<sup>nd</sup> Ilkeston (United Reformed) Cub Pack

## Personal and Contact Details



Please return this form to a Leader when joining the Pack.

Surname:	forename:
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**Gender:** Male  Female

**Ethnicity:** White  Mixed/multiple ethnic groups  Asian/Asian British

Black/African/ Caribbean/Black British  other ethnic group  other (please specify) \_\_\_\_\_

Address:
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Postcode:	Tel:	D.O.B:
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Alternative Address:
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Postcode:	Alternative Tel:
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E-mail Address:
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### Medical Details

Doctors Name:	Doctors Tel:
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Doctors Address:
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Special Needs, Medical Diet, Other
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### Background Details

Religion:	School:
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Child's Hobbies/Interests:
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Parents/Carers Names:
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Parents/Carers Hobbies/Interests:
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**We are always looking for parent helpers to enter our register for occasional help. Please tick below all that apply**

We are/I am available to help with anything within the pack.

We are/I am not available to help.

I am/not able to fill the Gift Aid Declaration form.



# 2<sup>nd</sup> Ilkeston Cub Pack Activity Consent Form

We are required to obtain the consent of parents/carers for all Cubs to undertake activities away from the Cub hut and also for any photographs that we use of them for Group display. Would you please complete this form in black ink, and return it signed, to the Leaders of 2<sup>nd</sup> Ilkeston cub pack ASAP.

The form gives consent for your child to do any activity such as visiting the fire station, swimming, visiting the park or playing outdoor games, or any other activity other than cub camp, as part of the Cub programme, plus additional consent in reference of photographs.

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I give permission for: (name of child) .....

To take part in any activity other than camps whilst in the cub section.

Please state if your child has any disability or condition which might affect activities whilst a member of 2<sup>nd</sup> Ilkeston .....

Please indicate details of any medical treatment he/she is having at the moment.

I can be contacted at:

I give permission, should my son/daughter fall and graze himself/herself, for you to use savlon or similar cream. ....

I also give permission for my child to be photographed or videoed individually or as a group where the pictures are to be displayed by the group (Including websites)      Yes      No      (please circle)

Or for the media (eg the press)      Yes      No      (please circle)

And for the child's name to be released for publication such that the child might be identified as an individual or as part of a group.      Yes      No      (please circle)

He/she can/can not swim 50 meters and tread water. He/she may/may not bathe under careful supervision.

Name: .....  
Telephone number: .....  
Signed: .....  
Date: .....