Young Person Information Form



Please return to Victoria Venn – desa@blackdownscouts.org.uk or via post to: Tangier Scout Centre, Castle Street, Taunton, TA1 4AS

Group:

Section (delete as appropriate):		Beave	Beavers / Cubs / Scouts			
Explorer Group (if appropriate):						
Date Started:						
Young Person	Information					
Name:						
Date of Birth:						
Gender:	Male / Female (d	Male / Female (delete as appropriate)				
Address:						
Home Number:		Mobile	e Number:			
Email Address:						
Additional Info	ormation					
Medical Needs:						
Dietary Needs:						
Additional Needs:						
Photo Permission:		I give permission for my child's photo to be used in various media to record and promote Scouting. Yes / No (delete as appropriate)				
Data Permission:	within Scouting	I give permission for the details on this form to be kept on a database for use within Scouting. Yes / No (delete as appropriate) We will not pass your details on to any other organisation or company.				
Parent / Guardia	n Information					
Name:						
Relationship to YP:						
Address (if different f Young Person above)						
Home Number:		Mobile	Mobile Number:			
Email Address:						
Signed (Young Person	 n):					
Signed (Parent / Guardian):						
Date:						

Blackdown Scouts

Tangier Scout & Guide Centre, Castle Street, Taunton, TA1 4AS
Tel: 01823 284662 Email: dc@blackdownscouts.org.uk

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Web : www.bla	ackdownscout	s.org.uk. l	Facebook: (@Blackdown	Scouts

Office use only.				
Form received:				
OSM:				