



6th Meath (Ashbourne) Scout Group
Scouting Ireland

REGISTRATION FORM 2017/18

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 Scouting Ireland 6th Meath from September 2017 to September 2018.

I/We authorise, confirm and agree that the Scouters specified in the schedule hereto or their nominees shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves would be able to do so.

I/We confirm and agree that our child shall be bound by the Scouting Ireland 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 for 2017-18), and on active participation in scheduled meetings and organised activities.

Other Consents/Details

***Required**

	Yes	No
Do you give permission and consent that your child may 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"/>
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Is your child able to swim?	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>

Family GP Details

***Required**

Family GP:

Address:

Telephone:

Date of last
checkup:



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

*Required

Name*:

Phone*:

Additional Information

Please include any additional information including any special needs or conditions (e.g. travel sickness, sleep-walking, etc.)

Schedule of Scouters authorised as above

Scouts

Declan Brady
Paul Fanning
Damian McGrath
Jennifer McGrath
Maria Brady

Cubs

Joseph O'Neill
Robert O'Connor
Grainne Docherty
Andrew Mahon
Alan Power
Deirdre Murray
Noelle O'Connor
Stephen O'Keefe
Ethna Felten

Beavers

Ian Davy
Fiona Carragher
Glenn White

Sarah Brady

Ventures

Suzie Rafter
Damian McGrath

... and as may be appointed from time to time by the Group Leader.

Signature of Parent(s)/Guardian(s)

*Required

Signature(s):

Date:

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 adult members of Scouting Ireland or medical personnel, and only when necessary, without prior permission, or unless required by law.