



# St. Julian's Scout Group

## Entry Form

Section: Pack/Troop/Unit \_\_\_\_\_

Entry No: \_\_\_\_\_

I.D \_\_\_\_\_

Surname \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Tel. No. \_\_\_\_\_

E-mail \_\_\_\_\_

Mobile \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

School \_\_\_\_\_ Religion \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Hobbies / interests of parents: \_\_\_\_\_

Other associations in which entrant is a member \_\_\_\_\_

Please state if your son suffers from any condition, illness or allergies \_\_\_\_\_

Permission for use of Antiseptic in case of cuts/stings Yes  No

### Parent's Consent

I, the undersigned as father / mother / guardian of \_\_\_\_\_ give my consent that he joins the St. Julian's Scout Group and will do my utmost to be as cooperative as possible for the benefit of my son. I appreciate that the leaders will take all precautions for the safety of my son in all the meetings and activities. If I cannot be contacted immediately, in case of an emergency, I give permission to the GSL or the leader in charge, to take what action is needed for the safety of my son's health (hospitalization, doctor etc.), until my arrival. I will also make sure that my son will keep the Scout Promise and obeys the law.

Signature \_\_\_\_\_

I.D. \_\_\_\_\_

Name in block \_\_\_\_\_

Date \_\_\_\_\_

Section Leader \_\_\_\_\_

G.S.L. \_\_\_\_\_

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### For Records Only

Date Joined / Crossed over \_\_\_\_\_ Invested \_\_\_\_\_

Left / crossed over \_\_\_\_\_

