**Past Finders**

**Membership form**

**Details of Young Person**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_/\_\_\_/\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**School Year**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: (Circle) **Male / Female**

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details**

In the event of an emergency relating to your son/daughter, please provide details of two contacts:

1. **Adult Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Adult Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Are there any medical conditions (e.g. allergies, epilepsy, asthma, diabetes, ADHD, travel sickness) we should be aware of?

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Please give any details of special dietary needs (e.g. food allergies)

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Is there anything else we should be aware of?

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**Permissions**

□ **Tick here if you do NOT want photos of your child** to appear on:

FIMNT/social media, website, newsletter, or local media (Penguin News, F.I. Radio, FITV). (Or delete as appropriate.)

□ **Tick here if you have enclosed** a cheque/cash/visa for **£20**, made payable to the **Falkland Islands Museum & National Trust, OR** if you have paid the sum into the FIMNT account **002001260000**.

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**Parent/Guardian Declaration**

By signing this form, you confirm that you have read, understood, and agree to the following:

* The Falkland Islands Museum & National Trust (FIMNT), its staff and volunteers **cannot be held responsible for the loss, damage, or theft of any property** belonging to a child.
* You agree to your son/daughter participating in **activities run by Past Finders or the FIMNT** and understand that every care will be taken to ensure their health, safety, and welfare. However, **FIMNT staff or volunteers cannot be held liable**, unless negligent, for any injury or incident resulting in the death of a child.
* Your child **may be transported in vehicles** driven by FIMNT staff or volunteers.
* You accept that in the event of your child’s behaviour adversely affecting the safety of an activity, they may be returned home.
* You agree to **first aid being administered**, if necessary, by trained first aiders.
* You understand that **FIMNT staff are not qualified teachers** or have Special Educational Needs (SEN) training, although all staff are trained in **Safeguarding Children** and **First Aid**.

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Name (Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_/\_\_\_/\_\_\_