Participant Registration Form

Unit 18 - 24th World Scout Jamboree

Please complete this form in BLOCK CAPITALS using blue or black ink

First names

Surname

Known as

Date of birth

D D - M M - Y Y Y Y

Gender

Email address

Mobile phone number

Home phone number

Address

Town

Post code

Scout group

Scout district

Scout county

☐ Norfolk ☐ Suffolk

Dietary requirements (Please attach further details if necessary)

Medical conditions (Please attach further details if necessary)

Doctor's name

Doctor's surgery

Doctor's telephone

NHS number - -

Continued overleaf

Parent or guardian details

Relationship to participant

First name

Surname

Email address

Home telephone number

Mobile telephone number

Address

Town

Post code

Relationship to participant

First name

Surname

Email address

Home telephone number

Mobile telephone number

Address

Town

Post code

Photography and media consent

On occasions, photographs, videos and audio of Scouts taking part in activities may be submitted to the local newspapers, the Group, District or County newsletters, websites or put on display. If you have any objections and are not willing for your child's image to be used in this way please leave the box below empty.

☒ I consent to the use of photographs, video and audio as described above

Medical consent

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

☒ I consent to the authorisation of medical treatment by the leader in charge

I agree that the above named young person may take part in all activities organised by the World Scout Jamboree, UK Contingent, Unit 18.

All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

First name

Surname

Signature

Relationship to participant

Date

D D - M M - Y Y Y Y