



St. Julian's Scout Group

Entry Form

Section: Pack/Troop/Unit _____ Entry No: _____
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. _____

For Records Only

Date Joined / Crossed over _____ Invested _____

Left / crossed over _____

Promotions: Sixer/ P.L. _____ 2nd Sixer/ S.P.L. _____

No. of Badges: _____

Standards Obtained: _____

