



Membership Number:

## PARENTAL DECLARATION DOCUMENT

### Part 1A : REGISTRATION & FAMILY DETAILS

<b>Name of Child</b>			
Date of Birth		Gender <small>(delete as applicable)</small>	MALE / FEMALE
Home Address <small>(inc. postcode)</small>			
Telephone Number (Home)			
<b>Parents' Details</b>	<b>Mother / Guardian</b>	<b>Father / Guardian</b>	
Name			
Place of Work <small>(Occupation)</small>			
Mobile /Work Number			
Email Address			

Additional Emergency Contacts (name, relation, and telephone numbers) (up to a max of 3)

Name	Relation	Telephone number

Please note when listing the emergency contacts you MUST make those people aware they have been assigned as emergency contacts

Any Known Allergies	
Any Other Known Medical Condition/s or Ongoing Medication/s Required <small>(include Specific Information regarding immunisations that we should be aware of)</small>	
Any Specific Dietary Details <small>(e.g. Vegetarian, Vegan, Kosher, Halal etc.)</small>	

I / we give permission for Paracetamol to be made available at any Scouting Activity to your child, should it be deemed necessary without prior consultation? <small>(delete as applicable)</small>	YES / NO
I / we give permission for Plasters or Elastoplast to be made available at any Scouting Activity to your child, should it be deemed necessary without prior consultation? <small>(delete as applicable)</small>	YES / NO
I / we give permission for an EpiPen to be used in case of emergency for use on your child without prior consultation. <small>(delete as applicable)</small>	YES / NO
I / we give permission in the event of an emergency for us to take your child to hospital? <small>(delete as applicable)</small>	YES / NO
I / we agree that if our child has an accident requiring urgent medical attention and the leaders cannot get hold of either parent they may contact the doctor/hospital first <small>(delete as applicable)</small>	YES / NO
I / we agree that leaders or third parties can administer first aid in case of emergency at any Scouting Activity. <small>(delete as applicable)</small>	YES / NO

Signed (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

## Part 1B : SCOUT PROMISE

The Scout Association offers two versions of the Promise that is to be made by the young person during investiture.

Version / Section	The Beaver Scout Promise	The Cub Scout Promise	The Scout Promise
<b>Core Promise</b> (variations of the promise for other religions are available on request)	I promise to do my best To be kind and helpful and to love God.	I promise that I will do my best to do my duty to God and to the Queen to help other people and to keep the Cub Scout Law.	On my honour, I promise that I will do my best To do my duty to God and to the Queen, To help other people And to keep the Scout Law.
<b>Alternative Promise</b> (for Humanists, atheists or people with no particular faith)	I promise to do my best To be kind and helpful and to love our world.	I promise that I will do my best To uphold our Scout values, to do my duty to the Queen, To help other people And to keep the Cub Scout Law.	On my honour, I promise that I will do my best To uphold our Scout values, to do my duty to the Queen, To help other people And to keep the Scout Law.

Please indicate the promise made by your child: Core: ☐ Alternative: ☐ Welsh: ☐

## Part 2: PARENTAL PERMISSIONS

### PHOTOGRAPHIC & VIDEO FOOTAGE PERMISSION

I/We acknowledge that during the course of Scouting events (weekly meetings, days out, camps, etc.) photographs and / or video footage may be taken, and could be used for any of the purposes outlined below.

I/We also acknowledge that on larger events photographs and / or video footage may be taken that the our Group's Leaders have no control over.

I/We understand that all photographs and / or video footage taken by or on behalf of Scouting events will comply with The Scout Group's Child Protection Policy. However, our Group has no control over the photographs and / or video footage taken by Third Parties and their proposed end use for the photographs and / or video footage.

Photographic and/or video footage may be recorded and stored for the purposes of:

1. To be provided to you after events
2. Recruitment of Members or Leaders
3. As a training aid and validation of Leader training
4. Internal publicity (Group Newsletter, promotion of future events to members of the Group etc.)
5. External publicity (submission to Local newspapers, 'Scouting Magazine' etc.)
6. To be shown at Group events / on the Group's notice boards in our Creigiau HQ
7. To be shared via the Group's own Social Media pages
8. To be shown on web pages on [www.creigiau.org.uk](http://www.creigiau.org.uk) visible to everyone
9. To be shown on password-protected web pages on [www.creigiau.org.uk](http://www.creigiau.org.uk)

Please **MARK WITH A TICK** in **ONE** box only:

I / we the parents of \_\_\_\_\_

**GIVE** permission to the above

☐

**DO NOT GIVE** permission to the above

☐

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

### OUTINGS

I / we the parents of \_\_\_\_\_ hereby give permission for our son / daughter to participate in outings off the Scout premises within the local area during regular meeting times (any such activities will be carried out in accordance with the Policy, Organisation and Rules of the Scout Association)

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

### Part 3: GIFT AID DECLARATION

**Gift Aid is reclaimed by the group from the tax you pay for the current tax year. This boosts your donation by 25p for every £1 you donate through subscriptions and other donations**

- I am a UK taxpayer and understand that I need to have paid at least as much income Tax and / or Capital Gains Tax in each tax year as the amount of Gift Aid claimed on all my donations and if not it is my responsibility to pay any difference
- I consent that 1st Creigiau Scout Group can treat all payments I make in the future (or in the past 4 years) in respect of membership and other subscriptions to the Group as Gift Aid donations.
- If you pay income tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your self-assessment tax return or ask HMRC to adjust your tax code.

I / we the parents of \_\_\_\_\_

**WISH** to donate to Gift Aid

☐

**DO NOT WISH** to donate to Gift Aid

☐

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

### Part 4: CONTRACT

The terms of this PDD will run for the entire duration of your child's participation with the 1<sup>st</sup> Creigiau Scout Group ("the Group") whilst monthly subscription fees are paid.

I / we have:

- Have read and understand the contents of this document
- Have understand that we must provide the Group with any information relating to any special dietary requirements or allergies for my / our child
- Have read and understand that Subscription fees are charged every month and failure to maintain on-time payments will result in my child place being terminated.
- Have read and understand that as volunteers, leaders in scouting are not expected to accept disruptive, abusive or excessively challenging behaviour. If my / our child fails to behave in an appropriate manner then the Group may require that the child be permanently withdrawn from the Group.
- Are aware that the Group has a Group Child Protection Policy, a copy of the most current version of which is permanently viewable on our website at [www.creigiau.org.uk](http://www.creigiau.org.uk) . We have read / understood and support this document in its entirety.
- Understand that a confidential copy of this entire document will be kept indefinitely by the Group.
- Gift Aid - please notify the Group if you want to cancel Gift Aid or no longer pay sufficient tax on your income and / or capital gains.
- Understand it is our responsibility to notify the Group of any changes to the information detailed within this form.

Signed (Parent /Guardian) \_\_\_\_\_ Date \_\_\_\_\_

### **FOR INTERNAL USE ONLY**

#### **Section Review & Approval**

Signed: \_\_\_\_\_ Position \_\_\_\_\_  
(on behalf of 1<sup>st</sup> Creigiau Scout Group)

Date \_\_\_\_\_

#### **Group Review**

Completed PDD Received      YES / NO      Membership Number assigned: \_\_\_\_\_