

Information Form

Explorer information

Name _____

Address _____

Postcode _____

Telephone _____ Mobile _____

E-mail _____

Date of birth _____ Religion _____

School _____

Doctor _____ Telephone _____

Address _____

Any disability, illness or any other details that the leaders should be aware of:

Parent / Carer information

Name _____

Telephone _____ Mobile _____

By signing this form, you consent to the information provided being stored on a database for use by the Unit, District, County and National Headquarters.

I do **not** want my son/daughter to be contacted by e-mail and/or mobile phone

Signed _____ Date _____