



## Adult/Dependant Registration Form

All Adults **MUST** hold a current CRB Clearance

Registering as  **Staff**   **Leader**   **Helper**   **Dependant**

Note: Only those who register as Staff, will be catered for in the Staff Canteen.

If registering a Staff Dependant, tick both boxes (A Creche will be in operation)

Personal Details			
Name		Surname	
Address		Town/City	
County		Postcode	
Telephone		Country	
Mobile			
District		Group	
email		Membership number	
Staff or Other Specific Role			

### JOB Registration - See Separate Task Allocation Form

Next of Kin Details			
Name		Surname	
Address (If different from above)		Town/City	
County		Postcode	
Telephone		Country	
Work		Mobile	
The Next Of Kin <b>MUST</b> be able to be contacted at all times throughout the Camp			

### Attendance

	Day	Night
All WEEK		
Sat 31st July		
Sun 1st August		
Mon 2nd August		
Tues 3rd August		
Wed 4th August		
Thurs 5th August		
Friday 6th August		
Sat 7th August		

Please note that young people will not be permitted on site until Sunday 1st August.

### Charges

Adult	Overnight charges include all meals, Scarf & Badge	All Week	£30	Dependant	Overnight charges include all meals, Scarf & Badge	All Week	£15
		Or First night	£10			Or First night	£5
		+ Extra Nights	£5			+ Extra Nights	£2
	Days only - Scarf & Badge available at cost	Fee	£0		Days only - Scarf & Badge available at cost	Fee	£0
		Each Meal	£2			Each Meal	£2

Cheques to be made payable to 'Dorset County Scouts (Goose)'

I have submitted a separate **Confidential Personal Information Form** detailing Health, Special & Dietary Needs and Medications and medical declaration.

### PLEASE NOTE

The cost to Adults for this camp is heavily subsidised. ALL adults will be rostered for supervision duties unless they have declared themselves as holding an Activity permit or doing other Specific Duties. This is an intense Activity Camp for the Young People and maximum support is needed

This form along with the Confidential Information Form, and 2 **PASSPORT PHOTOS** (Please use paper clips to attach Photographs) should be returned to the GOOSE 2010 Administrator by 30th June 2010.

If you are not applying through a Group, return to Charles Davis, 1 Hillview, Uploders, Bridport, Dorset. DT6 4PF.



FOR OFFICE USE	
GOOSE Number	

## Confidential Information Form - Adult

Everyone attending the Camp must submit this form.

Personal Details				
Name		Surname		
District		Group		Section

Doctors name and contact details

Details of any medications currently being taken:

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:

NOTE
<p>If the above named person comes into contact of any Infectious Disease within 3 weeks of the start of the camp the GOOSE2010 Administrator is to be informed. (gooseadmin@dorsetscouts.org.uk)</p>

Declaration
<p>If it becomes necessary for me to receive medical treatment and I am unable to authorise this, I hereby give my general consent to any necessary medical treatment required by the hospital authorities.</p>

Signed		Date
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