



PERSONAL FAMILY INFORMATION FORM Telstar Scout Group Luxembourg

Please complete this form with your Beaver's details and provide it to the section leader at the first meeting.

SURNAME:	FIRST NAME:
HOME ADDRESS:	HOME PHONE NUMBER:
DATE OF BIRTH (dd/mm/yy):	NATIONALITY:
SCHOOL:	SEX: RELIGION:
MOTHER'S NAME:	FATHER'S NAME:
MOTHER'S MOBILE NUMBER:	FATHER'S MOBILE NUMBER:
MOTHER'S EMAIL:	FATHER'S EMAIL:
SIBLINGS (Names/Ages):	HEALTH SERVICE NUMBER: ADDRESS OF FAMILY DOCTOR:

Please list any special needs (medical, social, educational e.g. ADHD, Allergies, Asthma, Dyslexia, Physical disabilities):

Please list any help you'd be willing to share with the group based on your profession or hobbies:

By signing below, I accept that Telstar will keep personal information related to my child's membership of the group. I agree for un-named photographs of my child to be used by the group in newsletters, on the website or in media reports of Telstar events.

Parent Signature :

Date: