

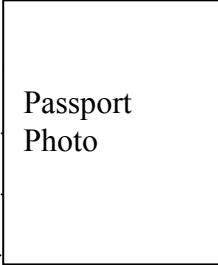


First Polegate Scout Group
 C/o Polegate Community Centre
www.polegatescouts.org



PERSONAL INFORMATION SHEET

Name:
 Address:



Post Code: E-Mail:
 Telephone No: Mobile No:
 Date of Birth: Gender:
 School: Religion:
 Parents / Guardians Name(s):

Doctors Name:
 Address:

 Telephone No:

Emergency Contact: (Different from above)
 Name:
 Address:

 Telephone No: Mobile No:

Health Problems: (Allergies, Medication, ECT)

Other relevant information (Hobbies, Interests, ECT).....

Signed:

Date: