

## Inscription Form

The Danish Scout Movement puts a lot of emphasis in a close collaboration with parents, we therefore kindly ask you to fill in the form as completely as possible.

The **Child's** full name:

Address:

Telephone number:

Email address:

Child's date of birth:

School Name:

Class:

 

Has been vaccinated for tetanus:

YES Date:

NO

Other Vaccines:

Health info (Allergies, Handicaps etc.):

Can Swim:  YES  NO

Insurance

Permission to be driven to/from activity sites by the scouters/other parents

Permission to use photographs in webpage, newsletters, etc.

**Mom's** full name:

Address:

Telephone number:

Email address:

**Dad's** full name:

Address:

Telephone number:

Email address:

***I here give my consent to let Marselisspejderne register my child in the DDS online register system. I accept that leaders of Marselisspejderne will have access to the supplied data incl. any health information.***

Date:

The scouts signature:

Date:

Parents signature: