

I'd like to Join!

Thank you for your interest in joining Ardsley Scouts.

Joining is easy. Your parent (or guardian) needs to complete the application form and send it to our Membership Secretary at the following address:

11 Oak Park Rise
Barnsley
S70 4PB

You should hear from us within 14 days.

Beavers: to join Beavers you must be 6 or 7 years old. Beaver meetings are held on Wednesdays from 5.30pm to 6.45pm. If you are under 6 we can put you on our waiting list, which will improve your chances of getting a place when you turn 6.

Cubs: to join Cubs you must be at least 8 and not more than 10½ years old. Cub meetings are held on Thursdays from 6.30pm to 8.15pm.

Scouts: to join Scouts you must be at least 10½ and not more than 14½. Scout meetings are held on Wednesdays from 7.00pm to 9.00pm.

All meetings are held at the Scout Hut, which is on Doncaster Road, adjacent to Christ Church, Ardsley, opposite the Oaks WMC. Please note, from time to time we operate a waiting list if places are oversubscribed.

Any problems please email info@ardsleyscouts.org.uk for assistance.



Could YOU do this?

If so, we'd like to hear from you

volunteer@ardsleyscouts.org.uk

36th Barnsley (Ardsley) Air Scout Group

MEMBERSHIP APPLICATION FORM



About you

Surname:

First Name(s):

Address:

Postcode:

Date of Birth: / /

Sex: Boy Girl

Email Address:

Current School:

Swimmer?: Y/N If 'Yes' how far can you swim? metres

I'd like to join
(tick below)



6 - 8 yrs



8 - 10½ yrs



10½ - 14½ yrs ...



14½ - 18 yrs ...

Medical Information

Family Doctor: National Insurance Number:

Disabilities, e.g. Hearing, Sight, Heart, Lungs, Limbs, etc.

Allergies/Sensitivities, e.g. Penicillin, Asprin, Nuts, Bites, Stings, etc.

Medical, e.g. ADHD, Travel Sickness, Asthma, Hayfever, etc.

Please give details of any **Long Term Medication**.

Adult Contacts

	Parent/Guardian 1	Parent/Guardian 2
Surname:	<input type="text"/>	<input type="text"/>
First Name(s):	<input type="text"/>	<input type="text"/>
Relationship (eg. Mum):	<input type="text"/>	<input type="text"/>
Tel (Landline):	<input type="text"/>	<input type="text"/>
Tel (Mobile):	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>

I consent to this information being held on the Group's computerised membership database. I will inform you if there are any substantive changes to the above information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed (Parent/Guardian)	Print Name	Date