



11th Workington (Harrington) St Marys

Activity Authorisation Form

This form will remain valid from the date signed until the leaving date from Cubs.

If any change in circumstance occurs which invalidates the information provided on this form it is the responsibility of the parent/guardian to inform the Cub Leader(s) immediately to allow our record to be updated.

Cub Details

Name	
Address	
Date of Birth	
Name of Parent/Guardian	
Home Tel. No.	
Mobile Tel. No.	
Email address	
Special Needs/Allergies/ Medication	

Emergency Contact Details

Contact 1	Name	
	Address	
	Tel. No.	
Contact 2	Name	
	Address	
	Tel. No.	

Doctor Contact Details

Name	
Address	
Tel. No.	

Signed _____

Dated _____