



WIRRAL SCOUTS EXPEDITION GROUP

c/o BIRKENHEAD DISTRICT SCOUT HQ
15, BALLS ROAD, OXTON, BIRKENHEAD,
MERSEYSIDE, CH43 5RF
www.WSEG.org.uk

REGISTRATION FORMS

- Please fill in all three forms as fully as you can so that registration can be quick and easy.
- Information is repeated due to each form being used for different purposes, by different people.
- WSEG does not share, sell or rent any information submitted through these or any other forms, information is used by members of WSEG, The Scout Association and The Duke of Edinburgh's Award only.



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PERSONAL DETAILS FORM

Name of Participant	
Name of Parent/Guardian 1	
Address of Parent/Guardian 1	
Contact Numbers For Parent/Guardian 1	Home: Work: Mobile: E-mail: (where applicable)
Name of Parent/Guardian 2	
Address of Parent/Guardian 2 (if other than no.1)	
Contact Numbers For Parent/Guardian 2	Home: Work: Mobile: E-mail: (where applicable)
Emergency Contact	i.e. other relative, neighbour, friend (over 18 years)
Name	
Address	
Contact Numbers	Home: Work: Mobile: E-mail: (where applicable)



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PREVIOUS EXPERIENCE

Name		DOB	
		Age @ Expedition	
Address		Contact No.'s	
		Home	
		Work	
E-mail		Mobile	
School / College		Group & District	
Awards	Gained / Working towards	Date Completed	Date Awarded
Bronze D of E			
Silver D of E			
Gold D of E			
Platinum CSA			
Diamond CSA			
Queens			
First Response			
Young Leader			
Canoe			
Climb			
MLTB			
Sailing			



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MEDICAL REGISTRATION FORM

Age: _____ DOB: _____	Participants Name: _____
General Practitioner Name & Address	_____ _____ _____
Surgery Telephone:	_____
Past Medical History (including recent operations, serious illness or hospital admission (including which hospital)	_____
MEDICATION (OCP, Skin preps, any medicine taken from time to time)	_____
ALLERGIES (i.e. asthma, eczema, hay fever, penicillin etc.)	_____