

## Duke of Edinburgh/Air Cadet Registration

### Personal Information

First Name:

Surname:

Home Address:

Telephone No: (Day)

Telephone No: (Evening):

Email Address:

Date of Birth:

### Emergency Contact Details:

Contact's Name:

Telephone No:

Relationship to you (e.g. son):

Mobile No:

### School Name or Squadron Number and Address

Telephone:

Name of Duke of Edinburgh/Air Cadet Leader:

### Skills and Interests

**Parental Consent Form for Under 16 Year Olds**

Parents or adults responsible for young people under 16 years of age participating in volunteering at the Brooklands Museum must sign this consent. Please return the signed form to Peter Stammers, Brooklands Coordinator, at Orientation Training. We cannot accept electronic signatures.

I consent to ..... *(name of young person)*  
participating in stewarding at Brooklands Museum.

Are there any restricting factors or medication that we should be aware of? **Yes / No**

If yes, please specify how we can help you

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Signed

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Name

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Date

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