



MEMBERSHIP FORM 2026

Parents/Carers Name:					
Address:					
Home Tel. No.		Mobile No.			
Email address:					
Please tell us where you heard about Scarf:					
Child/Young Person's Names (including siblings)	Date of Birth	School Attended	Additional Needs/ Disabilities and allergies (if any)	Level of need: Mild/Moderate/High. <i>Our provision supports mild to moderate needs. If your child requires high or complex support, please contact us to discuss suitability before applying</i>	Gateway Number (for Hampshire residents U18)

Additional children can be added on the last page

Please read through and delete either YES or NO:

- Parents/Carers are responsible for their child/young person at all Scarf activities, unless otherwise stated. We understand that we are responsible for our children's behaviour and safety whilst attending Scarf activities and have read and accept Scarf's Good Practice Guidelines for Parents/Carers.
- We agree that Scarf may use photographs of our family in promotional material, including on Scarf's website, advertising, awareness events, and other publicity materials, which may also be shared on public social media pages or groups.
- We agree that Scarf may use photographs of our family on Scarf's public social media pages. YES/NO
- As members of Scarf, we understand that the above details will be kept securely by Scarf and not shared with a third party, but give permission for data to be shared internally with scarf employees for the purposes of managing an event safely.
- We consent/opt in to receiving regular emails from Scarf to update us on Scarf activities and news and understand we can opt out of this at any time we wish.

Signed:
(Print name if sending electronically)

Date:

Please make a bank transfer to cover your annual membership fee of £25. Membership is renewable every January.

Scarf account details:

Account number: 02657039

Sort code: 30 92 02

Please put your surname and MEMB as a reference, eg: Smith MEMB.

Please note, Scarf has a Concessions Fund available for members with financial constraints. Please apply in confidence, to scarf@scarfnewforest.org or telephone Nicola on 07874 221249

Please return this form by email to scarf@scarfnewforest.org or by post to: Scarf, Selborne, Manchester Road, Sway, Lymington, Hants, SO41 6AS.

