



Adult Registration Pack

Collect the info to complete the online registration and **bring a signed hard copy to Norjam.**

Adult Leader Details

First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Membership Number	<input type="text"/>
Address	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

Medical Information

Doctor's Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
Date of last anti-tetanus if known:	<input type="text"/>		

Have you travelled within a malaria zone during the last 3 years Yes / No

Are you currently undergoing treatment or receiving medication Yes / No

Do you have any health or medical conditions we should know about Yes / No

Anaphylaxis Yes / No

Asthma Yes / No

Cardiac related Yes / No

Diabetic Yes / No

Epilepsy Yes / No

Do you have any Yes / No

further needs that the medical

team need to be aware of to

support health and well-being.

If you have answered yes to any question, please provide further details:

Adult Registration Pack *continued*

Please state any medical treatment that should not be undertaken for reasons of personal or religious preference.

Please select the over-the-counter medication that you are content for the medical team at Norjam to administer, should the need arise:

Calamine Lotion	Yes / No	Calcium Carbonate	Yes / No
Cetirizine Hydrochloride	Yes / No	Constipation relief	Yes / No
Cough Syrup (Glycerol)	Yes / No	Glucose Tablets	Yes / No
Ibuprofen Tablets	Yes / No	Ibuprofen Suspension	Yes / No
Loperamide Hydrochloride	Yes / No	Loratadine	Yes / No
Oral Rehydration Treatment	Yes / No	Paracetamol Suspension	Yes / No
Paracetamol Tablets	Yes / No	Sudocream	Yes / No
Throat Lozenge	Yes / No		

Declaration

In the event of illness or accident requiring emergency Hospital or Dental treatment I authorise the **Norjam Medical Team** to sign on my behalf, any written form of consent.

I will inform you if I have been in contact with any infectious diseases within three weeks of the event and will update on a duplicate form to be handed in at registration.

Name Signature

Date

Photography, Video, and Audio Consent

Norjam will be taking photographs, recording video and audio material during the event that will be used during the Jamboree and to promote the event in the future.

Please delete as applicable below:

I Do / Do not consent to photography, recording video and audio.

Data Protection Consent

Please note that personal details of individuals may be stored on computer. By registering to take part in Norjam you give your explicit consent to the retention of personally identifiable information.

a) If you are entering data on behalf of others, you confirm that you have obtained their (or their parents/guardians) consent for us to hold their "sensitive personal data".

b) Any personal information held will not be shared or sold to any company or organisation.

c) All "sensitive personal data" held will be destroyed by 1 March 2026.

Name Signature

Date

