



## Participant Registration Pack

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

### Participant 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 they travelled within a malaria zone during the last 3 years Yes / No

Are they currently undergoing treatment or receiving medication Yes / No

Do they 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 they 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:





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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, the parent/carer of the named participant, authorise the **Norjam Medical Team** to sign on my behalf, any written form of consent.

**I will inform you if they 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 (or parent/carer) .....

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 (or parent/carer) .....

Signature .....

Date .....





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## Activity Consent Form

You will need to bring **TWO copies** of this activity consent form to the Jamboree to allow participation on the restricted activities, in addition to completing the online registration.

First Name  Last Name

Date of Birth

Norjam 2025 has hundreds of activities for participants to take part in, please have a look at the list of activities on the Norjam website.

It is the responsibility of the contingent leader to agree the suitability of the activities with the parents/carers of the participants. Some of the activities require specific permissions and it is vital that consent is completed for the following activities:

Air Rifle Shooting, Air Pistol Shooting, and Water Activities.

### Activity Information – Air Rifle and Air Pistol Shooting Activities

Air Rifle activities will use .177 Air Weapons and ranges built to the National Small-Bore Rifle Association Guidelines. Staff leading this activity have qualified for the Tutors Diploma under the National Small-Bore Rifle Association Youth Proficiency Scheme. Targets showing human or animal shape will not be permitted.

#### Air Rifle Shooting Activities Consent (This authority is specific to Norjam only).

I, being the parent/carer of the young person named above, declare that they are not subject to restriction by virtue of Section 21 of the Firearms Act 1968 and give permission for them to take part in the activities listed below:

Activity Information: Please select as appropriate:

Air Rifles	Yes / No	Air Pistols	Yes / No
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Name (or parent/carer) .....

Signature ..... Date .....

Extract (Section 21) Firearms Act 1968

1. A person who has been sentenced (to custody for life or) to preventative detention, or to imprisonment or to corrective training for a term of three years or more (or to youth custody, or detention in a youth offenders institution for such a term), or who has been sentenced to be detained for such a term in an youth offenders institution on Scotland, shall not at any time have a firearm or ammunition in his possession. 2. A person who has been sentenced... to imprisonment for a term of three months or more but less than three years (or to youth custody, or detention in a youth offenders institution for such a term), or who has been sentenced to be detained for such a term in a youth offenders institution in Scotland, shall not at any time before the expiry of the period of five years from the date of his release have a firearm or ammunition in his possession. This means: Section 21 prohibits the possession of a firearm and ammunition (under any circumstances), by a person who had been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including the handling and firing at an approved shooting club or clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as AIRGUNS or SHOT CARTRIDGES for which a certificate is not needed.

### Water Activities Consent

I confirm that the participant can swim 50m and keep afloat for 5 minutes in clothes normally worn for the activity (participants may fulfil these rules wearing a buoyancy aid).

Name (or parent/carer) .....

Signature ..... Date .....