



WEST SOMERSET RAILWAY

P.L.C.

The Railway Station, Minehead, Somerset, TA24 5BG

Telephone: Minehead (01643) 704996

E-mail: info@West-Somerset-Railway.co.uk

Personal Details

Surname		Address	
Forenames			
Date of Birth			
WSRA Membership No		Telephone No	
Email			

School Details

Name of School		Address
Head Teacher		
Telephone No		
Fax No		

Declaration

I declare that I have received a copy of the West Somerset Railway’s Essential Information for Volunteers Booklet. I have read these Safety Rules and Health & Safety Policy thoroughly and my parents and guardians have ensured that I understand them.

I agree to follow the Railway Safety Rules and Health & Safety Policy at all times and I am willing to undertake further training relating to the Railway’s Induction Course, including formal instruction in the Railway Safety Rules as and when considered appropriate.

I also agree to abide with the arrangements for the dropping of and collection of young people as outlined in section 4 (point6) principles of good practice (safety) in the youth protection policy.

Signature (Young Volunteer)..... Date

Signature (Parent/Guardian)..... Date

Signature (Witness)..... Date.....

Print Name (Witness).....

Address(Witness).....

.....Post Code.....

PLEASE INCLUDE 2 PASSPORT SIZE PHOTOS FOR RAILWAY IDENTIFICATION CARD

Parental consent and Medical Form
Confidential when complete – (Please complete in Block Letters)

Name (of Tracker)	
Date of Birth	Male/Female
Legal Parent/Guardian's Name	
Address	
Phone	Mobile
email	

I wish that my son/daughter be allowed to take part in the activities of Trackers (The Youth Volunteer Section of the WSR). My son/daughter is 13 years of age, or over and I have ensured that he/she understands that it is important for his/her safety and for the safety of others that any rules or instructions given by the staff in charge are obeyed. While WSR staff are in charge and will take all reasonable care, I understand that they cannot be held responsible for any loss, damage or injury suffered by my son/daughter whilst involved in WSR Youth Section activities.

Signature of Parent/GuardianDate

MEDICAL INFORMATION

Has your son/daughter suffered from any illness, disability or Allergies?	YES	NO
IF YES, PLEASE GIVE FULL DETAILS: please continue on a blank page if necessary		
Is your son/daughter up to date with childhood vaccinations?	YES	NO
Name, Address and Telephone Number of your family doctor:		

AUTHORISATION FOR MEDICAL TREATMENT

I agree to medical and dental treatment being given to my son/daughter in my absence, if required, including the administration of a general anaesthetic and to surgical treatment in the case of an emergency in accordance with the recommendations of a qualified medical practitioner.

Signature of Parent/Guardian Date

On completion, please return this form with photos to: Samantha Minter The West Somerset Railway, The Railway Station, Minehead, Somerset, TA24 5BG.