



PATROLLER DECLARATION FORM

Froglife provides free insurance to cover Patrollers for Public Liability Insurance and Personal Accident Insurance.

To be covered, all patrollers must sign one of these forms and return it to us before patrolling. However, you only need fill it in once unless any circumstances change, and you may put members of the same family on one form.

Please read the Patrollers Health and Safety Information Sheet, before filling in this form. Further copies can be downloaded from the website or posted on request.

Your details

Name(s)

Address

Email address

TOAD CROSSING (1) SITE ID

TOAD CROSSING (2) SITE ID

I confirm that, I will be patrolling at these sites. I understand the risks associated with Toad Patrolling and will take responsibility to follow the Patrollers Health and Safety Information, and any further instructions from the local Patrol Manager.

I will take responsibility for the following children and under 18s in my family.

Name..... Age...

All named persons must sign in the box below, or note 'returned by email'

Signed:

Date:

I would like to be kept up to date with news and information from Froglife. Yes / No

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