

Froglife provides free insurance to cover patrollers for Public Liability and Personal Accident. To be covered, all patrollers **must sign one of these forms and return it to us** before patrolling.

You only need to fill this in once unless any circumstances change. You can put members of the same family on one form. Please read the [Patrollers Health and Safety Information](#), before filling this in. Further copies can be downloaded from the [website](#) or posted on request (email toads@froglife.org to request this service).

Please write in **BLOCK CAPITALS** so that your information is clear and concise.

YOUR DETAILS

Name(s):

Address:

.....

.....

Email address (1)

Email address (2)

CROSSING DETAILS

TOAD CROSSING (1) SITE ID

TOAD CROSSING (2) SITE ID

CONFIRMATION

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**:

Name: D.O.B:

Name: D.O.B:

Name: D.O.B:

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

Please email this form to: toads@froglife.org or send via post to our head office:

Froglife
Brightfield Business Hub
Bakewell Road
Orton Southgate
Peterborough
Cambridgeshire
PE2 6XU

THANK YOU!

