

# Beaver Activity Form

**Event:** CHORLEY METHODIST GROUP CAMP **Dates:** SAT 12<sup>TH</sup> SEPT – SUN 13<sup>TH</sup> SEPT

**Location:** BOWLEY SCOUT CAMP, Dean Ln, Blackburn, Lancashire BB6 7UN

**Meeting place and time:** Arrive Bowley 10.00 am Saturday 12<sup>th</sup> September 2015

**Collection place and time:** Pick up from Bowley 2.00 pm Sunday 13<sup>th</sup> September 2015

**Cost:** £20.00

**Transport details:** Own transport

**Activities:** Various including Archery, Zip Wire, Beaver Trail

**Further details:**

**Organiser and contact details:** Lisa Lewis Mobile 07846765753

**Home Contact and contact details:** Mrs G Parker 01772 313301

*Please keep this section for your own information, and detach and return the section below.*

**Note:** All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section to Lisa Lewis by Wednesday 2<sup>nd</sup> Sept

**Name of young person:** ..... **D.o.B:** .....

**Event:** GROUP CAMP 2015 BOWLEY

*I enclose a cheque / cash for £20.00 (please make cheques payable to 1<sup>ST</sup> Chorley Methodist Scout Group)  
I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.*

**Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing?** Yes / No

**Emergency contact:** ..... **Phone:** .....

**Doctor's name and contact details:** ..... **Details of any medications currently being taken:** .....

NHS Number: .....

**Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:** ..... **Details of any infectious diseases he/she has been in contact with in the last three weeks:** .....

*If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

**Signed:** ..... **Date:** .....

**Relationship to young person:** .....

*Please use the back of this form if more space is required*