

Scouts Activity Form

Event: CHORLEY METHODIST GROUP CAMP **Dates:** FRI 11th SEPT – SUN 13TH SEPT

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

Meeting place and time: Arrive Bowley 6.30pm Friday 11th September 2015

Collection place and time: Pick up from Bowley 2.00 pm Sunday 13th September 2015

Cost: £35.00

Transport details: Own transport

Activities: Various

Further details:

Organiser and contact details: Andy Lewis Mobile 07846634451

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 Nick or Andy by Wednesday 2nd Sept

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

Event: GROUP CAMP 2015 BOWLEY

*I enclose a cheque / cash for £35.00 (please makes cheques payable to 1ST 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