

Activity Information Form

Scouttastic



Event: Scouttastic **Date:** 11/05/13

Location: Don Valley Stadium

Meeting place and time: Main Reception, 10am

Collection place and time: Main Reception, 4pm

Cost: £10

Transport details: Parents

Wear / Bring: Blue Polo/Necker, Jumper, Coat, Packed Lunch

Further details:

Organiser and contact details: Carol Brown 07528206664

Contact details during the event: Carol Brown 07528206664

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 Carol Brown by Bring with you 11/05/13

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

Event:

I enclose a cheque / cash for £ (please make cheques payable to)
I have noted the arrangements above and agree to the named young person taking part.

Emergency contact: **Phone:**

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

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity: **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