Activity Information Form 1st Barton Scout Group



Event:	Climbing		Date:	10/03/2016
Location:	Rock Antics - Aycliffe	е		
Meeting place and time:	Rock Antics – 19:00			
Collection place and time:	Rock Antics - 21:00			
Cost:	£10.00			
Transport details:	Own transport			
Wear / Bring:	Comfortable clothes suitable for climbing.			
Further details:	N/A			
Organiser and contact details:	Gavin Ions - 079775	50060		
Contact details during the event:	As above			
Please keep this section	for your own informat	tion, and detach and retu	urn the sec	ction below.
Note: All activities will be run in accordance with The Sc the organisers and The Scout Association does not provi	out Association's safety Rules de automatic insurance cover i	. No responsibility for the personal n respect to such items.	l equipment/clo	othing and effects can be accepted by
Please complete and return this section		by 03/03/2016	along with	payment
Name of young person:			D.o.	B :
Event: Rock Climbing				
I enclose a cheque / cash for £10.00				
•	nd agree to the name	d young person taking p	art.	
I have noted the arrangements above at ls he/she able to swim 50 metres and	_			/ No
I have noted the arrangements above a	_			
I have noted the arrangements above at Is he/she able to swim 50 metres and	_		g? Yes	ne:
I have noted the arrangements above at Is he/she able to swim 50 metres and Emergency contact:	_	ninutes in light clothin	g? Yes	ne:
I have noted the arrangements above at Is he/she able to swim 50 metres and Emergency contact:	stay afloat for five n	ninutes in light clothin Details of any medica	g? Yes Pho Itions curr	ne: rently being taken: ses he/she has been in
I have noted the arrangements above at Is he/she able to swim 50 metres and Emergency contact: Doctor's name and contact details: Details of any disabilities, conditions	stay afloat for five n	Details of any medical Details of any infection contact with in the last	g? Yes Pho Itions curr Dus diseases three w	ne: rently being taken: ses he/she has been in eeks:
I have noted the arrangements above as Is he/she able to swim 50 metres and Emergency contact: Doctor's name and contact details: Details of any disabilities, conditions needs or cultural needs that might af If it becomes necessary for the above authorise this, I hereby give my general.	stay afloat for five n	Details of any medical Details of any infection contact with in the last	g? Yes Pho Itions curr Dus diseases three w	ne: rently being taken: ses he/she has been in eeks: d I cannot be contacted to orise the Leader in charge

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.

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