Adventurous Activity night - Information & Consent Form

To be completed legibly in ink.

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**THIS PART TO BE KEPT BY PARENT/GUARDIAN**

Please return the lower section of this form, completed and signed, to the Leader by: ASAP

|  |  |
| --- | --- |
| **Proposed Activity** | Climbing and Archery |
| **Date, Time & Place** | 28th November 2016 17:30 – 18:45 |
| **Place** | Scout DHQ, Heyhouses Lane, St Annes |
| **Cost** | N/A |
| **Transport required?** | Parents to drop off and pick up |
| **Additional Information 1** | **Please ensure the Beavers are wearing appropriate foot wear** |
| **Additional Information 2** | **Kneckers and Beaver top to be work** |
| **Home Contact** | Jackie 07737 571956 |
| **Leaders** | Daren Hart 07737 203265, Matthew Wylde 07493 048844, Amy Perkin 07921 531561 |

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**PARENT OR GUARDIAN'S CONSENT COMPLETE AS APPLICABLE**

This section should be returned to the Leader on or before: ASAP

|  |  |  |
| --- | --- | --- |
| **I have noted the arrangements and I give my permission for** | **Name(s):** | |
| **to take part in the Please circle as necessary** | Adventurous Activity Night | |
| **Detail any disabilities, conditions, allergies or current medical treatments** |  | |
| **I enclose a fee of** | N/A | |
| **Contact telephone number during and before event.** | **Home:** | **Mobile:** |
| **I agree to the administration of (if necessary)** | Calpol or similar / Sticking Plasters / Antihistamines / Emergency Professional Healthcare if parent is not contactable. | |
| **Signed** |  | |
| **Name (please print)** |  | |
| **Date** |  | |