## Activity Information Form C:\Users\Catherine\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7EE9X37G\Beaver_CMYK_multi_stack.jpg

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Event:** | Air Activity Badge Day | **Date:** | Sunday 10th May 2015 |
| **Location:** | RAF Museum Cosford | | |
| **Meeting place and time:** | 9am To be Confirmed | | |
| **Collection place and time:** | 5pm To be Confirmed | | |
| **Cost: £12.50** | **Transport details:** Kirkby Lonsdale Coaches | | |
| **Wear / Bring:** | Full uniform ( NO JEANS) Waterproof coat, stout shoes, packed lunch and drinks in Back Pack | | |
| **Further details:** | Price includes Air Activities Stage 1 Badge. | | |
| **Organiser and contact details:** | Catherine M Marsh/Fern 07771 645549 cmmarsh1@sky.com | | |
| **Home Contact and contact details:** | To be arranged | | |

*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 Your Leader       by 30th April 2015

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of young person:** | |  | **D.o.B:** |  |
| **Event:** | Air Activity Badge Day – RAF Museum Cosford | | | |

*I enclose a cheque / cash for £12.50 (please makes cheques payable to Lonsdale District Scouts)*

*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*