## Nights Away Information Form

|  |
| --- |
| ***Blacktoft Beacon District Scouts*** |
| **Event:** | Camp Craft  |  |  |
| **Dates:** | Friday 10th May 2019 to Sunday 12th May 2019  |
| **Location:** | Tablers Wood District Campsite, Carr Lane, West Cowick, Goole, DN14 9ED |
| **Meeting place and time:** | 6:30pm at Tablers Wood |
| **Collection place and time:** | 3:00pm at Tablers Wood |
| **Transport details:** | To be arranged within your Explorer Unit. |
| **Activities:** | Explorers will be taking part in teamwork and skills activities over the weekend. They will be setting up their own camp & kitchen where they will cook all their own meals in.  |
| **Organiser and contact details:** | Shaun Wilson desc@blacktoftbeacon-scouts.org.uk 07538 225070 |
| **Contact details during the event:** | Shaun Wilson – 07538 225070 or Lucy Carne – 07720 060730PTO |

*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 hand this part in to the event check-in on Friday evening.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of young person:** |  | **D.O.B:** |  |
| **Event:** | Camp Craft  |

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 event:** | **Details of any infectious diseases he/she has been in contact with in the last three weeks:** |
|  |  |

*I give permission for photographs and/or videos of the named young person to be used for the promotion of Scouting.* ***YES / NO***

*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*