

## 1st Shepperton Scouts • SAILING • 14th June 2019 • Desborough Sailing Club

It is vital that you complete all sections of this form CLEARLY and ACCURATELY and you return it to one of the Leader Team as early as possible.  
PLEASE NOTE: Failure to do so may mean excluding your Scout from this activity

<b>SCOUT NAME</b>				<b>DATE OF BIRTH</b>	
<b>NHS NO.</b>					
<b>PARENTS/GUARDIANS</b>	Primary Contact			Secondary Contact	
<b>CONTACT</b>	MOBILE			MOBILE	
	HOME TEL.			HOME TEL.	
	EMAIL			EMAIL	

I hereby give permission for my son/daughter named above to attend and take part in the activity as outlined below.  
**Should any details above change I will notify the Leader team as soon as possible.**

<b>PARENT/ GUARDIAN SIGNATURE</b>		<b>TODAY'S DATE</b>	
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**COST FOR ACTIVITY:****£0.00**

Please hand your completed and signed form along with FULL payment to a leader. Cash or Cheques payable to 1st Shepperton Scout Troop.

ACTIVITIES WILL INCLUDE		PLEASE CHECK THE SCOUT WEBSITE PROGRAMME AND ACTIVITY PAGE REGULARLY FOR UPDATES. NOTE THESE ARE SUBJECT TO CHANGE AND/OR CANCELLATION.				
<b>VENUE</b>	Desborough Sailing Club Ferry Lane Shepperton TW17 9LQ	<b>WATER SPORTS ACTIVITIES WHEN APPLICABLE: PLEASE READ ANY ATTACHED INFORMATION CAREFULLY.</b>  By signing this form you are letting us know that your son is able to fulfill these requirements and rules. While taking part in any activity on water they will be wearing floatation vests and will be under qualified adult guidance and supervision.  <b>ACTIVITY RUN BY: Desborough Sailing Club</b> Email: training@desboroughsc.org	<b>HOME CONTACT</b>	David Fern (GSL) Tanglyn Avenue, Shepperton 07802 827767 davefern@msn.com	<b>OTHER INFO</b>	<b>THIS FORM MUST BE SIGNED AND RETURNED OR YOUR SCOUT WILL NOT BE PERMITTED TO TAKE PART IN THIS ACTIVITY</b>
	Date Time Location		<b>LEADERS ATTENDING</b>	Jason Bletcher Paddy MacDaid Tony Marshall		
<b>START</b>	14/06/2019 18:45 Shepperton					
<b>FINISH</b>	14/06/2019 20:30 Shepperton					
Subject to change and confirmation prior to event start						

<b>SCOUT MEDICAL DETAILS</b>	<b>DOCTORS NAME</b>	
	<b>PRACTICE ADDRESS</b>	
	<b>PHONE NO.</b>	

UPDATES AND NOTIFICATIONS IMMEDIATELY PRIOR TO AND DURING THE EVENT WILL BE SENT VIA TEXT TO THE PRIMARY CONTACT MOBILE NUMBER YOU HAVE PROVIDED ABOVE.  
PLEASE MAKE SURE THIS IS MONITORED AND ADVISE IF THIS CHANGES PRIOR TO THE EVENT.

<b>ADDITIONAL INFORMATION</b>	Please include any additional information below that we may need to be aware of. SPECIFICALLY <b>MEDICAL INFORMATION and INSTRUCTIONS</b> FOR ANY MEDS THAT NEED TO BE ADMINISTERED AND ALSO <b>ALLERGIES</b> OF ANY KIND

ADDITIONAL REQUESTS, ENQUIRIES OR QUERIES PLEASE CONTACT THE LEADER TEAM VIA THE WEBSITE, IN PERSON AT A TROOP NIGHT OR VIA EMAIL: info@1stsheppertonscouts.org

[www.1stsheppertonscouts.org](http://www.1stsheppertonscouts.org)