

1st Shepperton Scouts • SKIING • 3 SESSIONS OCT to DEC 2019 • Sandown Ski Centre, Esher

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

SCOUT NAME			DATE OF BIRTH		
NHS NO.					
PARENTS/GUARDIANS	Primary Contact		Secondary Contact		
CONTACT	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.

PARENT/ GUARDIAN SIGNATURE			TODAY'S DATE	

	DATE	START	FINISH	LOCATION	COST		PLEASE TICK
SESSION 1	OCTOBER 1st	6:30pm	8:15pm	SANDOWN SKI CENTRE	£12.00	I WILL BE ATTENDING	
SESSION 2	NOVEMBER 12th	6:30pm	8:15pm	SANDOWN SKI CENTRE	£12.00	I WILL BE ATTENDING	
SESSION 3	DECEMBER 10th	6:30pm	8:15pm	SANDOWN SKI CENTRE	£12.00	I WILL BE ATTENDING	
TOTAL COST:	£36.00		I ENCLOSE PAYMENT OR HAVE PAID BY DIRECT TRANSFER THE FOLLOWING AMOUNT TO COVER THE SESSIONS ABOVE			£	

PLEASE CHECK THE SCOUT WEBSITE PROGRAMME AND ACTIVITY PAGE REGULARLY FOR UPDATES. NOTE THESE ARE SUBJECT TO CHANGE AND/OR CANCELLATION.

VENUE	Sandown Sports, More Lane, Esher, Surrey KT10 8AN Tel: 01372 467132 https://sandownsports.co.uk/ski/	PLEASE ALSO COMPLETE THE ADDITIONAL SKI CENTRE WAIVER FORM SUPPLIED THAT WILL COVER YOUR SCOUT FOR AKLL THREE SESSIONS • SKIING	HOME CONTACT	JUSTIN DALTREY 7 ELLIOTT GARDENS Shepperton TW17 0EG MOBILE: 07930 473144 HOME: 01932 220358	OTHER INFO	BOTH FORMS MUST BE SIGNED AND RETURNED OR YOUR SCOUT WILL NOT BE PERMITTED TO TAKE PART IN THIS ACTIVITY
			LEADERS ATTENDING	Jason Bletcher David Caulder Geoff Lulham		

Subject to change and confirmation prior to event start

SCOUT MEDICAL DETAILS	DOCTORS NAME	
	PRACTICE ADDRESS	
	PHONE NO.	

UPDATES AND NOTIFICATIONS IMMEDIATELY PRIOR TO AND DURING THE CAMP 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.

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