

Name of Activity	
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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		TODAYs DATE	
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COST FOR ACTIVITY:	£		Please hand your completed and signed form along with FULL payment to a leader. Cheques payable to 1st Shepperton Scout Troop.
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PLEASE CHECK THE SCOUT WEBSITE PROGRAMME AND ACTIVITY PAGE REGULARLY FOR UPDATES. NOTE THESE ARE SUBJECT TO CHANGE AND/OR CANCELLATION.

VENUE				HOME CONTACT			OTHER INFO	FORM MUST BE SIGNED AND RETURNED OR YOUR SCOUT WILL NOT BE PERMITTED TO TAKE PART IN THIS ACTIVITY
	Date	Time	Location	LEADERS ATTENDING				
START								
FINISH								

SCOUT MEDICAL DETAILS	DOCTORS NAME	
	PRACTICE ADDRESS	
	PHONE NO.	

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.

ADDITIONAL INFORMATION	<p style="text-align: center; font-size: small;">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</p> <div style="height: 150px;"></div>
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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