1st Shepperton Scouts • KAYAKING • 10th July 2018 • Paxmead Riverside Base

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	

COST FOR ACTIVITY: **£7.00** 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.**

VENUE	Paxmead Riverside base, Dockett Eddy Lane, Shepperton, TW17 9NT			WATER SPORTS ACTIVITIES WHEN APPLICABLE: PLEASE READ THE ATTACHED PAXMEAD INFORMATION CAREFULLY. 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. ACTIVITY RUN BY: Chris Hurley of Spelthorne Water Activities Team Email: swat.paddling@gmail.com • Tel: ++44 7974 340989	HOME CONTACT	TBC	OTHER INFO	THIS FORM MUST BE SIGNED AND RETURNED OR YOUR SCOUT WILL NOT BE PERMITTED TO TAKE PART IN THIS ACTIVITY
	Date	Time	Location		LEADERS ATTENDING	Jason David Geoff	
START	10/07/2018	18:00	Shepperton				
FINISH	10/07/2018	20:00	Shepperton				
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 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

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