

12 September 2018

Dear Parents and Guardians,

### **Cub Activity Day and Sleepover**

We would like to invite the Cubs to come along to an activity day at Phasels Wood Scout Activity Centre followed by a sleepover in the church hall (or one or the other). Spaces for the activity day are limited to 18 so will be allocated on a first come first served basis. If there is sufficient interest, we will book further spaces but need at least 12 additional Cubs to make this possible.

#### **Activity Day**

**When:** Saturday, 10th November – 10:30 - 16:00  
**Where:** Phasels Wood Activity Centre, Rucklers Lane, Kings Langley  
Map available on our website  
**Cost:** £10.00 per young person  
**Kit:** Uniform Top and Scarf, Warm Clothing, Full Waterproofs,  
Day Bag containing: Packed Lunch and Drinks.

#### **Sleepover (unlimited spaces)**

**When:** 10th November – 17:30 - 11th November – 11:45 (after church parade)  
**Where:** Church Hall (normal meeting place)  
**Cost:** £8.00 per young person  
**Kit:** Sleeping Bag, Pillow, Sleeping Mat, PJs, Change of Clothes, Wash Kit.  
Uniform Top, Scarf, School Trousers or Skirt for Church Parade on the Sunday and a Poppy.

Consent forms can be found on our website, if you need copies printing please contact me, forms and payment needs to be received no later than **10<sup>th</sup> October**.

Yours in Scouting,

Jenny Ryder  
**Cub Scout Leader**

### Activity Day and Sleepover Permission Forms

(name) \_\_\_\_\_ would like to attend:  
(tick as applicable)

- Activity Day at Phasels Wood – 10<sup>th</sup> November 2018**
- Sleepover at the Church Hall – 10<sup>th</sup> – 11<sup>th</sup> November 2018**

I enclose payment of:  
(cheques made payable to 5<sup>th</sup> Dunstable Scout Group)

- £10 – Activity Day only**
- £8 – Sleepover only**
- £18 – Activity Day and Sleepover**

### Sleepover

We are intending to have takeaway pizza for dinner, will your cub eat pizza?

- Yes                       No

If yes, what are their preferred toppings? \_\_\_\_\_

\_\_\_\_\_

If no, what other food do they like to eat? \_\_\_\_\_

Does your cub have any other dietary requirements that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

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The Scout Association is registered charity number 306101.

The 5<sup>th</sup> Dunstable (Methodist) Scout Group is one part of that association, and provides activities for young people in Dunstable aged between 6 and 14 years. All of the work of the 5<sup>th</sup> Dunstable Scout Group, including activities with the young people, and fundraising events, is performed by unpaid volunteers.

I give permission for (name) \_\_\_\_\_ to attend the activity day and/or sleepover on the 10<sup>th</sup> and 11<sup>th</sup> November 2018.

I will inform you if he/she is in contact with any infectious disease within one week of the event, if any medicines and/or diet have to be taken or followed during the event. I will also supply appropriate hospital details if under current treatment.

If he/she has to take ANY PILLS OR MEDICATION I understand that they MUST BE handed to A LEADER by MYSELF CLEARLY MARKED with the Cubs name, exact dosage and frequency plus my own signature before departure.

I authorise you as Event Leader to sign on my behalf any written forms of consent required by the hospital authorities if the delay required to obtain my own signature is considered inadvisable by the surgeon concerned.

My child HAS/HAS NOT any known allergies/sensitivities (e.g. penicillin) or disabilities (e.g. travel sickness, asthma etc.)

If he/she HAS, please give full details of precautions/remedies

\_\_\_\_\_  
\_\_\_\_\_

His/her NATIONAL HEALTH SERVICE NUMBER IS \_\_\_\_\_

During the event my address will be: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

ALTERNATIVE CONTACT NAME: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Relationship to Cub: \_\_\_\_\_

I understand should any serious misconduct occur involving my child or they present a strong desire to return home contact will be made and it is my responsibility to arrange for early transportation without any refund of any fees paid.

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
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**Activity Day Only - Shooting Permission Form**

Written parental permission is needed before a young person can take part in this activity  
Lower section to be filled in by parent or guardian and returned to Leader.

Name of Unit or Section: **5<sup>th</sup> Dunstable Cubs**

Activity: **Air Rifle Shooting**

Date: **10<sup>th</sup> November 2018**

Place: **Phasels Wood Activity Centre**

Leader: **Jenny Ryder**

If you require any additional information please do not hesitate to contact me.

**Parent or Guardian's consent**

I, being the parent/guardian of the person named below, declare that he/she is not subject to restriction by virtue of Section 21 of the firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody)\* and give permission for:

\_\_\_\_\_ (name of young person)  
to take part in Air Rifle Shooting.

Please state if he/she has a disability or medical condition relevant to this activity:

\_\_\_\_\_

Please indicate details of any medical treatment they are receiving at the moment:

\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*This means:**

**Section 21 prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of any other categories of firearms and ammunition such as AIRGUNS or shot cartridges for which a certificate is not needed.**

**A sentence of 3months to 3 years attracts a 5 year prohibition, shorter ones no prohibition but a longer one means a life ban.**

\_\_\_\_\_

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