

Jenny Ryder
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SUMMER CAMP 2019

Information and Contact Form

The 5th Dunstable Cub Pack are going to be camping this summer at Tolmers Scout Activity Centre, Tolmers Road, Cuffley, EN6 4JS

Departure - Please deliver your cub(s) to the campsite at 19:00 on Friday, 21st June

Return - Please collect your cub(s) up from the campsite at 14:00 on Sunday, 23rd June

Cost £40 for the whole camp

Data provided on the attached forms will be stored and processed in line with our privacy notice which can be found on our website – www.5thdunstablecouts.org.uk/privacy.php

Cheques payable to 5th Dunstable Scout Group.

Cubs will need to bring their own personal equipment. A suggested kit list for the Cubs is available on our website. **NAMES MUST BE ON ALL BELONGINGS.**

All activities will be run in accordance with the Scout Association's safety rules. I am afraid *NO RESPONSIBILITY* can be accepted for personal equipment, clothing or other effects by the camp organisers, leaders or helpers. The Scout association DOES NOT provide automatic insurance cover in respect of such items.

Cubs on Wednesday, 19th June will finish at the slightly earlier time of 19:15, Parents of Cubs attending camp are asked to stay for a short meeting on Camp.

Information regarding pocket money for camp and snacks can be found on the Kit List on our website.

Yours in Scouting



Jenny Ryder
Cub Scout Leader

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Permission to Attend

This form is to be completed by the Parent/Guardian of the named Cub Scout. It gives the responsibility for your child to the Camp Leader and authorises them to sign on your behalf any papers needed by the medical authorities in case of emergency hospital treatment.

I give permission for _____ to attend the Cub Scout camp from 21st – 23rd June 2019.

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 YOU by MYSELF CLEARLY MARKED with the Cubs name, address, exact dosage and frequency plus my own signature before departure.

I authorise you as Camp 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

He/she HAS/HAS NOT been immunised against tetanus in the last three years.

What does he/she usually take for headache _____

What does he/she usually take for stomach upset _____

His/her NATIONAL HEALTH SERVICE NUMBER IS _____

His/her DOCTOR's NAME IS _____

ADDRESS

TELEPHONE _____

During the camp my address will be:

TELEPHONE CONTACT CAN BE MADE DAYTIME _____

EVENING _____

Notes reference contact _____

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 camp fees paid.

Signed Parent/Guardian _____ Date _____

Activity Information and Parental Permission Form - Shooting

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:

5th Dunstable Cubs

Activity: Air Rifle Shooting

Administrative Information:

Date: 21st – 23rd June 2019

Place: Tolmers Scout Activity Centre

cost NA transport provided. NA

Emergency contact telephone No. As Camp

Leader: **Jenny Ryder** Contact Details: As Camp

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:

Contact details in the event of an emergency:

_____ Tel:

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