

Nights Away Information Form

Event: DISTRICT SCOUT CHRISTMAS PARTY AND SLEEPOVER **Dates:** Fri 11th December to Sat 12th December 09

Location: Blandford Scout HQ

Meeting place and time: Blandford Scout HQ 7pm

Collection place and time: Blandford Scout HQ 10am

Cost: £2.50 per head (to include good breakfast)

Transport details: Own

Activities: Party Games and Disco

Further details: Please bring plate of party food or Pringles, Popcorn or such like

Organiser and contact details: Paul Toop 07901002276 and Helen Whitelock 01258 456468 / 07796637529

Home Contact and contact details:

Please keep this section for your own information, and detach and return the section below.

Note: All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section to

by 1st December 2009

Name of young person:

D.o.B:

Event: DISTRICT SCOUT CHRISTMAS PARTY AND SLEEPOVER

*I enclose a cheque / cash for £ (please makes cheques payable to)
I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.*

Emergency contact 1;

Phone;

Emergency contact 2;

Phone:

Doctor's name and contact details:

Details of any medications currently being taken:

Please use the back of this form if more space is required

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:

Details of any infectious diseases he/she has been in contact with in the last three weeks:

Please use the back of this form if more space is required

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If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Signed:

Date:

Relationship to young person:

Nights Away Kit List

All young people will need to bring their personal equipment and should be encouraged to pack themselves. This list is only a guide.

- | | | | |
|--------------------------|---|--------------------------|------------------------------------|
| <input type="checkbox"/> | Complete uniform | <input type="checkbox"/> | Plate of party food |
| <input type="checkbox"/> | Warm sweater, jumper or sweatshirt | <input type="checkbox"/> | |
| <input type="checkbox"/> | Party clothes | <input type="checkbox"/> | Sleeping bag |
| <input type="checkbox"/> | | <input type="checkbox"/> | Foam roll / karrimat |
| <input type="checkbox"/> | Spare underclothes (one pair per day) | <input type="checkbox"/> | Plate, bowl, mug and cutlery |
| <input type="checkbox"/> | Spare socks (one pair per day) | <input type="checkbox"/> | |
| <input type="checkbox"/> | Nightwear | <input type="checkbox"/> | Torch and spare batteries |
| <input type="checkbox"/> | | <input type="checkbox"/> | Personal first aid kit |
| <input type="checkbox"/> | Waterproof (coat and trousers) | <input type="checkbox"/> | |
| <input type="checkbox"/> | Scarf, Hat and gloves | <input type="checkbox"/> | Polythene bags (for dirty clothes) |
| <input type="checkbox"/> | Hankies | <input type="checkbox"/> | Teddy! (I'm bringing mine!) |
| <input type="checkbox"/> | Personal washing requirements and towel | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | |