

ROWBOATING OFFROAD CYCLING OFFROAD MOTORBIKING POT HOLLING POWERBOATING SCUBA DIVING
 AG LIDING PARASCENDING PONY TREKING ROWING SAILING SCRAMBLING SNOWBOARDING
 H BALL QUADBIKING RAFT BUILDING ROWING SAILING SCRAMBLING SNOWBOARDING
 ILLING SHOOTING SINGLE PITCH CLIMBING SKIING SNORKELLING SNOWBOARDING
 REETS SPORTS SUBAQUA SURFING SWIMMING WATERSKIING WHITEWATER RAFTING
 RFIN G ZORRING ABSEILING AERIAL RUNWAY ARCHERY BALLOONING BANDS BOULDER CLIMBING

YOUNG LEADER TRAINING

23-25 FEBRUARY 2018



HUMBERSIDE SCOUTS

Explorer / Young Leader Details	Young Person's Name:	Male / Female:	Date of Birth:
	Address:		
	Email address (For Booking Confirmation):		
	Explorer Unit/YL unit:		
	District:	Section working with:	

Please Tick Modules you require to Attend:

A	B	C	D	E	Missions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent / Guardian In Touch Details	Name:	Landline:
	Address & Postcode:	Mobile:

- Please list any medications (including pain relief and inhalers) which your Son / Daughter has with them on the reverse of this form.
- I agree that my son/daughter will inform the leadership team if they self-medicate at any point during the event.
- I understand and accept that I may be charged £10 if I book a place and do not attend or cancel this booking prior to the weekend
- In case of hospital treatment, I give permission for any emergency medical care needed until I/we are able to attend.

Anything else we should be aware of? (medical or personal and any dietary requirements?):

Doctors Details	Name:	NHS No:
	Address:	Phone No:

Photographs Photos and video images of Explorers and maybe be used on websites both on a local and County level. (Please delete if you do not agree)

Parent / Guardian Consent	I have noted the arrangements, as stated on the information sheet and give permission for my son / daughter to attend this camp.		
	Signature:	Name:	Date:

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.

