



STEVENAGE SCOUTS



Website : www.stevenagescouting.org
 Neil Ravilious
 Assistant District Commissioner (Scouts)
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Nights Away Information Form

Event: District Scout Night Hike **Dates:** 26/11/16 – 27/11/16

Location: Datchworth Scout HQ, Datchworth, Herts and surrounding countryside

Start Time: To be advised. Teams will start between 5 and 8pm.

Pick up Time: Presentation is at 9am on Sunday 27th November. Teams leave about 9:15am.

Organiser and contact details: Neil Ravilious, ADC (Scouts). Telephone 01462 790921

Event Emergency Contact details: 07805 389486 (During the event only)

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 your Scout Leader.

Name of young person: **D.o.B:**

Event: District Scout Night Hike. Saturday 26th November to Sunday 27th November 2016.

I enclose a cheque / cash for £_____ Cheques to be made payable to 'Stevenage District Scout Council'
 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. I understand that leaders may take photos of Scouts and Explorers taking part in this event and that these photos may be used for publicising Stevenage Scouting in magazines, posters and on the Scout websites. Full names will not be associated with photos and the Scout Associations guidelines will be followed at all times. (Please clearly state on this form if you **do not** give permission for photos of your son/daughter to be included).

Emergency contact:		Phone:	
Address:			
Doctor's name and contact details:		Details of any medications currently being taken:	
Details of disabilities, conditions, allergies, special needs or dietary/cultural needs that might affect this event:		Details of any infectious diseases he/she has been in contact with in the last three weeks:	

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:

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