

1ST Welwyn Scout Group

Lockley Drive, Welwyn, Hertfordshire

October 2016 Sleepover – Lee's Wood Scout Activity Centre

21st October 2016 to 23rd October 2016

Dear Parents / Guardians

1st Welwyn scout group will be having a sleepover at Lee's wood Scout Activity Centre, Fir Tree Hill, Chandlers Cross, Herts. WD3 4LY. There are two indoor accomodations available with bunk bed dormetorie's. The sleepover is open to all young people in the Beavers and Cubs sections but spaces are limited therefore acceptance will be on a first come first served basis. The cost for the full weekend is £45. This includes indoor accommodation, food and drink for the weekend and a full schedule of activities, including air rifles, archery, pioneering and other outdoor activities which all the children will enjoy (Activities are subject to change depending on availability).

This is a great opportunity for the young people to make new friends, experience the outdoors and try out new things. We will also be doing some badge work over the weekend that the young people can't get in the usual Tuesday meetings. For example camp craft and some of the activities required for the "My Outdoor" challenge award.

Leon Stoner is camp leader for the sleepover. From hereon in if you have any questions or concerns before, during or after the camp please send an email to Leon Stoner at scouting.leon@gmail.com

We have made arrangements to transport all our equipment to and from the site but we are unable to transport the young people. Parents are asked to make arrangements for bringing the young people to the campsite. We would ask that the children arrive between 17:30 and 18:30 on the 21st October 2016 and are collected by 13:00 on the 23rd October 2016

To confirm that you would like your child to attend this camp please complete pages 2-6 of this pack and bring the completed pack to the next Beaver or Cub meeting along with the camp fee of £45

IMPORTANT NOTE: Final deadline for confirmation of attendance is Tuesday 27th September 2016

Please return the completed pack to your section leader at the next meeting along with £45
cheque or cash is fine, please put in an envelope with the camper name and section clearly
marked on the envelope.

Please note that once you have confirmed attendance by returning pages 2-6 of this pack and paying the camp fees of £45, should your child later be unable to attend the camp we reserve the right to deduct any unrecoverable expenditure made on their behalf from the monies paid.



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October 2016 Sleepover – Lee's Wood Scout Activity Centre

| Relationship | Date |
|---|---|
| Name | Signed |
| We will circulate contact details of the camp le any reason you need to contact a member of the contact and the contact and the camp le any reason you need to contact a member of the camp le any reason you need to contact a member | aders nearer the time however in the mean time If for he site team please ring 07803 258733 |
| We would ask that personal mobiles are not br will ensure your child has access to a telephone | ought to camp. Should we need to contact you we e. |
| restriction by virtue of Section 21 of the firearr | ned above, declare that he/she is not subject to ns Act 1968 (which applies only to persons who have dy) and give them permission to take part in rifle YES / NO |
| Have photographs / videos to be taken / used i | n group and district media resources YES / NO |
| I give my permission for the above to:- | |
| | of 1 st Welwyn Scout eld between 21 st October and 23 rd October 2016. |
| Confirmation Form | |

I confirm that I have paid the sum of £45 by cash or cheque.



1st Welwyn Scout Group

October 2016 sleepover, Lee's Wood Scout Activity Centre

| Name of Camper: | Date |
|---|---|
| | |
| NHS NUMBER (if appropriate) | |
| Details of any illness or medical condition, dietary information supplied will only be used by the Campare treatment or medication given to the Campar while withhold information could mean that safety and was a supplied to the Campar while withhold information could mean that safety and was a supplied to the campar while withhold information could mean that safety and was a supplied to the camparation with the camparation could mean that safety and was a supplied to the camparation with | p Leader and Camp First Aider in assessing any e at Camp. Failure to supply specific detail or to |
| Doctors name , address and telephone number | Dr |
| | Address |
| | Tel. No. |
| Full details of any medication current being taken. Details of frequency. | |
| Date of last tetanus injection | |
| Medical Details Does the Camper suffer from any medical conditions or disabilities which the Camp Leader should be aware. Please note this refers to ANY medical condition no matter how regularly or irregularly the | |
| Camper suffers from. | |
| Does the Camper have ANY allergies to any food stuffs, medicines or other items. | |

| Calpol / Brufen / Plasters: Do you give your permission for a Leader or qualified First Aider to administer the above if required No, I do not give permission to administer the following products Photographs and Videos: Do you give permission for photographs / Videos to be taken for use in District and Group information which include the Camper. Please note that you may request to see any photo or Video taken during the camp prior to use by District or Group EMERGENCY CONTACT DETAILS Section of Group (Beavers/Cubs) Camper Date of Birth Address Postcode Home Telephone Number | Can the camper swim 50m and st five minutes in light clothing. | ay afloat for | |
|---|---|-------------------|---------------------------|
| administer the above if required No, I do not give permission to administer the following products Photographs and Videos: Do you give permission for photographs / Videos to be taken for use in District and Group information which include the Camper. Please note that you may request to see any photo or Video taken during the camp prior to use by District or Group EMERGENCY CONTACT DETAILS Section of Group (Beavers/Cubs) Camper Date of Birth Address Postcode | | - ' | Yes, I give my permission |
| Photographs and Videos: Do you give permission for photographs / Videos to be taken for use in District and Group information which include the Camper. Please note that you may request to see any photo or Video taken during the camp prior to use by District or Group EMERGENCY CONTACT DETAILS Section of Group (Beavers/Cubs) Camper Date of Birth Address Postcode | | ed First Aider to | |
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| permission for photographs / Videos to be taken for use in District and Group information which include the Camper. Please note that you may request to see any photo or Video taken during the camp prior to use by District or Group EMERGENCY CONTACT DETAILS Section of Group (Beavers/Cubs) Camper Date of Birth Address Postcode | | | |
| photo or Video taken during the camp prior to use by District or Group EMERGENCY CONTACT DETAILS Section of Group (Beavers/Cubs) Camper Date of Birth Address Postcode | permission for photographs / Videos to be taken for use in District and Group information which | | |
| Section of Group (Beavers/Cubs) Camper Date of Birth Address Postcode | photo or Video taken during the o | | |
| (Beavers/Cubs) Camper Date of Birth Address Postcode | | | |
| Camper Date of Birth Address Postcode | • | | |
| Address Postcode | (Beavers/Cubs) | | |
| Postcode | Camper Date of Birth | | |
| | Address | | |
| Home Telephone Number | Postcode | | |
| | Home Telephone Number | | |

| EMERGENCY CONTACT ONE | |
|--|---|
| Name | |
| Relationship | |
| Address | |
| Post Code | |
| Telephone Numbers | |
| EMERGENCY CONTACT TWO | |
| Name | |
| Relationship | |
| Address | |
| Post Code | |
| Telephone Numbers | |
| DECLARATION - IMPORTANT PL | EASE READ BEFORE SIGNING. |
| I have not omitted to info I understand that the Car medical or behavioural remedical remedic | this permission to Camp/ Personal information is true and accurate. orm you of any information relevant to the Camper. In Leader reserves the right to send any Camper home for either easons. In per has been in contact with any infectious diseases within three of the camp (this includes diarrhoea and sickness) or the camper to receive medical treatment and the Emergency extended by telephone or any other means to authorise treatment, I consent to any necessary medical treatment and authorise the Camper to required by the hospital authorities |
| Name | Signature |
| Date | |

Parent Help during the sleep over

During the weekend we may need some help to run some of the activities or with the catering. Therefore any help you can provide during the weekend would be hugely appreciated. Help will be required by not limited to the following

- Assisting with the loading of the equipment at set up on Friday
- Assisting over the weekend with catering
- Staying overnight on one or both nights to provide safety and support for the young people
- Catering for the group

Print Name

10:00

Saturday 21st May

October 17:00 to

Sunday 23rd October 12:00

09:00 to 18:00 Saturday 22nd

• Assisting with the clean up and return of equipment on Sunday

end, may include catering

| I formally confirm that I can help at the following dates/times during district can | I formally | / confirm that I | can help a | t the following | dates/times | during di | istrict can |
|---|------------|------------------|------------|-----------------|-------------|-----------|-------------|
|---|------------|------------------|------------|-----------------|-------------|-----------|-------------|

| Date / time | Help required | Initial to confirm your support |
|-----------------------------------|---|---------------------------------|
| Friday 21 st October | Loading equipment at 1 st Welwyn scout hut | |
| 12:00 to 14:00 | | |
| Friday 21 st October | Set up sleepover at Lees wood | |
| 14:00 to 17:00 | | |
| Friday 21 st 17:00 to | Stay overnight, may include catering | |
| Saturday 22 nd October | | |

Sign

URGENT: If you volunteer to stay overnight (The yellow boxes) please contact the camp leader (Leon Stoner) immediately on *scouting.leon@gmail.com* to confirm your DBS status.

Day support: May include catering, running activities

Stay overnight, help to clear down sleepover at the