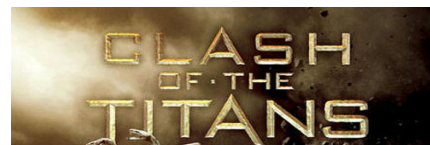


# Swanley & Darford District Scouts

## Initial Information



If your child would like to attend this event, please retain this information sheet and return the "Return Forms" to your leader.

|             |                                                        |
|-------------|--------------------------------------------------------|
| Event Title | Clash of the Titans Inter District Camping Competition |
|-------------|--------------------------------------------------------|

### EVENT DETAILS

| Dates |  | Day of the Week |   | Day |   | Month |   | Year |
|-------|--|-----------------|---|-----|---|-------|---|------|
| From  |  | Saturday        | - | 2   | 5 | -     | 0 | 9    |
| To    |  | Sunday          | - | 2   | 6 | -     | 0 | 9    |

|       |                                   |
|-------|-----------------------------------|
| Venue | Hope Hill Campsite, Meopham, Kent |
|-------|-----------------------------------|

|                                  |                                                            |
|----------------------------------|------------------------------------------------------------|
| Outline of theme/main activities | Camping Competition, Sedan chair racing, Strictly Campfire |
|----------------------------------|------------------------------------------------------------|

|            |     |     |   |   |   |   |   |   |   |   |   |   |   |        |   |   |      |
|------------|-----|-----|---|---|---|---|---|---|---|---|---|---|---|--------|---|---|------|
| Deposit    | Due | N/A | - |   |   | - |   |   | - |   |   |   |   | Amount | £ |   | p    |
| Total Cost | Due |     | - | 2 | 5 | - | 0 | 9 | - | 2 | 0 | 1 | 0 | Amount | £ | 6 | 00 p |

**N.B.** The deposit is non-returnable, if cancellation is made after the 'deposit due date'.

### PAYMENT METHODS

Please pay by cash .

### PARENTS MEETING

At this time, a 'pre-camp' parents information meeting has not be arranged

A pre-camp parents information meeting has been arranged as follows

☒ hour mins am/pm

Date : M

Location

### EVENT ORGANISER

|        |                                                                |
|--------|----------------------------------------------------------------|
| Name/s | Bruce Muckelt, Swanley Scouts; Wayne Tomkinson, Darford Scouts |
|--------|----------------------------------------------------------------|

|         |                                 |
|---------|---------------------------------|
| Address | 8 Vernon Close, West Kingsdown, |
|---------|---------------------------------|

|            |               |
|------------|---------------|
| Phone No.s | 0844 414 8563 |
|------------|---------------|

Please contact this person if you require any further information

## Personal Kit List

|             |                                                       |
|-------------|-------------------------------------------------------|
| Event Title | Cash of the Titans Inter District Camping Competition |
|-------------|-------------------------------------------------------|

Camping forms part of the Scout section training programme and as such Scouts must pack their own kit and are responsible for it at all times. Personal kit should all fit into one large bag / holdall / rucksack.

**N.B.** No claims for loss or damage will be entertained by the Scout Association.

| CLOTHING                                                                          | EQUIPMENT                                    |
|-----------------------------------------------------------------------------------|----------------------------------------------|
| Uniform - to be worn on arrival                                                   | Sleeping bag (blanket / pillow / ground mat) |
| Waterproof coat and trousers                                                      | Torch and spare batteries                    |
| Suitable changes of footwear<br>(i.e. hiking and wellington boots / trainers etc) | Personal wash kit                            |
| Changes of clothing for both wet and warm weather                                 | 1 bath towel and 1 hand towel                |
| Daily change of underwear and socks                                               | 2 tea towels                                 |
| Night clothes                                                                     |                                              |
|                                                                                   | Plastic bags to separate dirty or wet items  |
|                                                                                   | Kit bag or Rucksack - <b>NOT suitcases.</b>  |

### MEDICATION

All medication should be shown to an appropriate leader on the day of departure. They will look after it unless it needs to be kept on the person at all times. Please do not give your child any tablets / creams to keep in their kit.

### POCKET MONEY

**A** A small amount of pocket money may be needed for the tuck shop / days out etc.

|                            |   |   |
|----------------------------|---|---|
| Recommended Maximum Amount | £ | p |
|----------------------------|---|---|

**Pocket money may be handed in to a Leader for safekeeping during camp.**

If pocket money is not handed in you do so at your own risk.

### ADDITIONAL KIT (Dependent on seasonal weather, activities being done etc.)

### THINGS THAT MUST NOT BE TAKEN IN PERSONAL KIT

Aerosol cans

Knives other than those to be used in Kitchen equipment

# Swanley & Darford District Scouts



## GENERAL INFORMATION

|               |  |
|---------------|--|
| Name of Child |  |
|---------------|--|

It is extremely important that all parts of this form are completed as accurately as possible.

|             |                                                       |
|-------------|-------------------------------------------------------|
| Event Title | Cash of the Titans Inter District Camping Competition |
|-------------|-------------------------------------------------------|

|       | Day of the Week |          | Day |   | Month |   | Year |   |   |   |   |   |   |
|-------|-----------------|----------|-----|---|-------|---|------|---|---|---|---|---|---|
| Dates | From            | Saturday | -   | 2 | 5     | - | 0    | 9 | - | 2 | 0 | 1 | 0 |
|       | To              | Sunday   | -   | 2 | 6     | - | 0    | 9 | - | 2 | 0 | 1 | 0 |

|       |  |
|-------|--|
| Venue |  |
|-------|--|

## PARENTAL CONSENT

I hereby give permission for my child (named above) to attend this residential experience. I have read the information sheet / spoken to the leaders and give permission for my child to take part in the planned activities

I also consent to all of the following\*:

My child may bathe / swim under supervision

My child may take part in adventurous activities, including Air Rifle shooting

\*Please strike through any that you do not give your consent for.

|                            |  |      |  |
|----------------------------|--|------|--|
| Parent / Carer's Signature |  | Date |  |
|----------------------------|--|------|--|

## NEXT OF KIN

|        |  |
|--------|--|
| Name/s |  |
|--------|--|

|         |  |
|---------|--|
| Address |  |
|---------|--|

|            |  |
|------------|--|
| Phone No.s |  |
|------------|--|

## OTHER INFORMATION

|                                                   |     |                          |    |                          |
|---------------------------------------------------|-----|--------------------------|----|--------------------------|
| Can your child swim fifty meters and tread water? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------------------------------|-----|--------------------------|----|--------------------------|

Please state any other information which may help the organisers to plan and run this camp in a safe / enjoyable manner. This might include details of special needs, disabilities, bed-wetting, travel sickness, sleep walking etc.

|  |
|--|
|  |
|--|



Name of Child

It is extremely important that **ALL** parts of this form are completed as accurately as possible.

Event Title

Cash of the Titans Inter District Camping Competition

#### HOME DOCTOR

Name/s

Address

Phone No.s

Date of Birth

day month year

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

Date of last Tetanus immunisation

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

National Health Service Number (ask your doctor)

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Has your child been in contact with any infectious diseases within the past three weeks?

Yes

☐

No

☐

If yes, please give details (continue overleaf if needed)

Medication  
currently  
being taken

Allergies to  
medical  
substances  
e.g. creams

(Please include dosage / times etc.)

(Please include effects of these substances)

If it becomes necessary for my child to receive hospital treatment and I cannot be contacted, I hereby give my permission for the Scouter in charge to sign any documents required by the hospital authorities.

Parent / Carer's Signature

Date

#### EMERGENCY CONTACT

In the event of an emergency please contact

Name/s

Address

Phone No.s

#### GROUP'S OFFICIAL HOME CONTACT \*\*\*\*\*This section is to be completed by a leader\*\*\*\*\*

Name/s

Address

Phone No.s