

Young Leader Training Day 19th February 2012



Explorer's Name		D of B	
Address		Tel.	
		E mail	
Parent / guardian details During the Activity I can be contacted at:-	Name Address Post Code.....	Telephone No. Landline Mobile	
Explorer Details	I am a member of Explorer unit. District I have /have not attended a YL course before I am a YL with Beavers/ Cubs/ Scouts atScout Group Signature of Explorer leader / DESC..... Print I have informed my DC of my attendance		
Does he/she have any food, drug, or other allergies?			
Does he/she have any special dietary needs?			
Is he/she taking any medicines/inhalers? Please list any medications (including pain relief) which your Explorer has with them. I agree that my Explorer will inform the leadership team if they self medicate at any point during the event. Signature			
Explorer's Doctor	Dr.	NHS No.	
Doctor's Address		Doctor's Telephone No.	
Parent / guardian details During the Activity I can be contacted at:- <u>Please ensure that an address is stated</u>		Telephone No. Landline Mobile	
Photographs	Sometimes photos and video images of Scouts taking part in activities are submitted to the local newspapers, the Group, District or County newsletters and website or put on display. If you have any objections please indicate that you are not willing for your child's image to be used in this way by ticking the box <input type="checkbox"/>		
Next of Kin Print & Signed	I have noted the arrangements, on the information sheet, and give permission for my son/daughter to attend this camp as stated. <p style="text-align: right;"><u>Please Print in Block Capitals</u> <u>this is vital in a case of emergency</u></p>		

Please return the completed form to Helen Smith, 31 Newport, Barton-upon-Humber, DN18 5QG
Cheques made payable to Humberside Scout Council, please.