

ROWBOATING OFFROAD CYCLING OFFROAD MOTORCYCLING
 AG LIDING PARASCENDING PONY TREKING POT HOLLING POWERBOATING
 H BALL QUAD BIKING CRAFT BUILDING ROWING SAILING SCRAMBLING SCUBA DIVING
 LLING SHOOTING SINGLE PITCH CLIMBING SKIING SNORKELLING SNOWBOARDING
 REETS SPORTS SUBAQUA SURFING SWIMMING WATERSKIING WHITE WATER RAFTING
 R FING ZORBING ABSEILING AERIAL RUNWAY ARCHERY BALLOONING BANDS BOULDER CLIMBING



HUMBERSIDE SCOUTS

YOUNG LEADER TRAINING

28-30 October 2016 - Booking Form

Explorer / Young Leader Details	Young Person's Name:	Date of Birth:
	Address:	
	Explorer Unit/YL unit:	
	District:	Section working with:

Please Tick Modules you require to Attend:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Information:
F	G	H	I	<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.
- 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):

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)
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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.

DYLLTA Consent	Signature:	Name:

Please return the completed form and payment to your DYLLTA (or DC if no one in that post in your District). They will confirm your booking on the course. **Booking Forms are not to be sent direct to Raywell or to Helen.**

