Young Leader Training
30th November – 2nd December 2018

Scouts Humberside

Explorer / Young Leader Details	Name:		Male / Female:	Date of Birth:
Please complete form in block capitals.	Address:			
	Email address (For Booking Confirmation):			
	Explorer Unit / YL Unit:			
	District:		Section working with:	

Please tick the Modules you require to attend:

A	F	G	H	I	J

Parent / Guardian In Touch Details	Name:	Landline:	
This person must be available during the weekend.	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 and any dietary requirements?):

Doctors Details	Name:	NHS No:
	Address:	Phone No:

Photographs	Photos and video images of Explorers and may be used on websites both on a local and County level. (Please delete if you do not agree)

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: