HBALLQUADBIKINGRAFTBUILDING ROWINGSAILINGSCRAMBLINGSC LLINGSHOOTINGSINGLEPITCHCLIMBING SKIINGSNORKELLINGSNOWBOARDIN EETSPORTSSUBAQUASURFINGSWIMMING WATERSKIINGWHITEWATERRAFTING RFINGZORBINGABSEILING AERIALRUNWAY ARCHERY BALLOONINGBANDSBOULI



## YOUNG LEADER TRAINING

## 24-25 June 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 Module	es you req	uire to	Attend:					
В	С	C D E				Other Information:			
Parent / Guardian In Touch Details				Name:			Landline:		
				Address & Postcode:			Mobile:		
•	I agree tha	at my son/o	daughter	will inform t	he I	elief and inhalers) which your Se eadership team if they self-med n for any emergency medical c	dicate at any poin	•	
Anythin	g else we sh	ould be aw	are of?	(medical or p	ers	onal):			
	Doctors Details			Name:		NHS No:			
D = -1				Address:			Phone No:		
Doct				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)					
	ographs	<b></b>					naybe be used or	n websites both on a local and County	
Phot				level. (Ple	ase ed t	delete if you do not agree)	•	sheet and give permission for my son /	

s, 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:	N	lame:	

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.

