

North Banbury Scout Group



One Day Activity Form

This part is to be retained. The lower part should be completed and returned to the Section Leader by the date shown.

Section	BEAVERS	CUBS	SCOUTS
Planned activity			
Date		Location	
Meet at (location)			Time J tu
Collect from (location)			Time J tu
Cost		Cheques made payable to	North Banbury Scout Group required by
Transport arrangements	Please bring/wear...		
Additional information			
Home Contact		Telephone	
		Mobile	

Note: All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Planned activity			
Name of young person			
Please state if the named young person has a disability or condition which might be affected by this activity For example hayfever, travel sickness, food allergies, asthma, etc.			
Please indicate details of any medical treatment she/he is having at the moment			
Main contact Telephone / mobile for this event		Second contact Telephone / mobile for this event	
Please indicate preferred method of communication	Landline <input type="checkbox"/>	Mobile Call <input type="checkbox"/>	Mobile Text <input type="checkbox"/>

I enclose the cost of the activity Cash Cheque (please indicate by ✓)

I have noted the arrangements above and agree to the named young person taking part in this activity.

Signed		Date	
Relationship to young person			