



# Activity Consent Form

## Water sports 2009

Please complete all relevant sections of this form and return to the Activity Leader.

**Unit Name:** 1<sup>st</sup> Wokingham St Pauls Scouts

**Activity Description:** Canoeing (including kayaks, canoes, cata-canoes and bell boats)

**Activity Location:** Wokingham Waterside Centre, Thames Valley Park, Reading

**Date**  
Tuesday 30<sup>th</sup> June 2009

**Arrival Time**  
19:15hrs

**Collection Time**  
21:15hrs

**Activity Leader:** Sian Gates (250A Nine Mile Ride, Wokingham, RG40 3PA - Tel: 0118 973 4338 Mob: 0797 194 8437

**Lead Instructor:** Dave Shortland

**Scout Surname:**

**Date of Birth:**

**Forenames**

**National Health Service Number:**

Please list any medication that your Scout will have taken in the period prior to this activity:

Please list any allergies that your Scout has (include food and medication):

Please list any other information which may be relevant which you feel we should be aware of:

I hereby give permission for my child to attend the aforementioned activity.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Activity Leader named overleaf (or in their absence one of the other Warranted Leaders), to sign any document required by the hospital authorities.

I will inform the Activity Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian

Relationship to Young Person

Signature

Date