

# Activity Information Form



Event: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Meeting place and time: \_\_\_\_\_

Collection place and time: \_\_\_\_\_

Cost: \_\_\_\_\_

Transport details: \_\_\_\_\_

Wear / Bring: \_\_\_\_\_

Further details: \_\_\_\_\_

Organiser and contact details: \_\_\_\_\_

In Touch contact details: Robert Anderson, 07905 314 327

*Please keep this section for your own information, and detach and return the section below.*

**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.



Please complete and return this section to Cubs

Name of young person: \_\_\_\_\_ D.o.B: \_\_\_\_\_

Event: \_\_\_\_\_

*I enclose a cheque / cash for the event cost. (please makes cheques payable to 7th Blackford Edinburgh Cub Pack).  
I have noted the arrangements above and agree to the named young person taking part.*

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's name and contact details: \_\_\_\_\_ Details of any medications currently being taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity: \_\_\_\_\_ Details of any infectious diseases my child has been in contact with in the last three weeks: \_\_\_\_\_

*If it becomes necessary for my child to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to young person: \_\_\_\_\_