

Womble 2013



This form shall be completed by all **over 18 years old** at commencement of the event (including Staff, Leaders and Network members). Please complete all sections in block capitals and in black ink.

PERSONAL DETAILS

Name (Surname first)..... Male/Female

Address

.....

Date of Birth (DD,MM,YY) Tel

Mobile: Height: cm

Email: Weight: kg

Unit:

DBS Disclosure number Date of issue

All participants, team supporters and staff who are 18 or over on the final day of Womble - 30th June 2013 will be required to have a current DBS form completed. Failure to provide current/accurate Scout Association DBS (or equivalent Guide Association DBS for Guide members over 18) will result in you being excluded from the event

Are you an appointed Leader? **Yes/No**

Do you have a First Aid qualification valid for the period of the event? **YES/NO**

If so, what?.....

Permission – I understand that the organisers reserve the right to send Network Members (or equivalent Guide members over 18) home if necessary at their expense. I also understand that some of the information supplied on this form will be held in a database for administration purposes. I give explicit consent for my details including disabilities, health, religion or faith essential to the running of the event being held confidentially within the organisation of the event. All information given on this form is full and accurate. Within six months of the event, all Personal Details will be deleted from databases and forms shredded. **Please inform the organiser of this event if there is any change to the details supplied on this form at the time of the event.**

Publicity Photography and Video Recording - Any photographs and video footage filmed during the event will only be used in connection with the publicity of Scouting. We will not publish any address details or surnames of any young people in captions associated with the photographs. By attending the event, all participants, leaders and staff provide permission that photographs and video footage filmed during the event may be used for Scouting purposes.

Cancellation and Refunds - All Leicestershire Scout County camps / activities and events are priced in order to cover the costs of the event, after allowing for a small contingency. In the event of a surplus arising, the organisers reserve the right to retain any such surplus to be used in Scouting. Whilst being mindful of individual circumstances, the Policy of Womble 2013 is that all deposits and payments are Non-Refundable. In respect of those persons who have paid the full amount who are unable to attend and are unable to find an agreed replacement, Womble 2013 will consider requests for refunds, but these will again be dealt with on an individual basis, after the Womble 2013 has finished, and only if there are sufficient funds available.

Signed.....Date.....

HOME CONTACT DURING WOMBLE

Name:

Name:

Relationship:

Relationship:

Address:

Address:

.....

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Daytime Tel:

Daytime Tel:

Evening Tel:

Evening Tel:

Mobile Tel:

Mobile Tel:

MEDICAL DETAILS AND CONSENT

(Please attach a separate sheet for detailed replies if necessary)

Own family Doctor:Tel:

Address:

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Do you suffer from any illness or disability e.g. Asthma, Diabetes?

YES/NO

If YES, please give details:

Are you allergic to anything e.g. Antibiotics, particular food?

YES/NO

If YES, please give details:

Do you have any dietary needs e.g. medical, vegetarian?

YES/NO

If YES, please give details:

Date of last Anti-Tetanus (if known): Do you wear contact lens? YES/NO

Are you receiving any ongoing medical treatment at present?

YES/NO

If YES, please give details:

Please also give details of any medication being taken:

.....

Hospital Consultant (if applicable) Surname.....First Names.....

Hospital:

Tel: Patient's Registration No:

EMERGENCY PERMISSION

If it becomes necessary for me to receive medical treatment and I am not capable of authorising it, and my next of kin cannot be contacted by telephone or any other means to authorise this, by signature above, I hereby give my general consent to any necessary medical treatment and authorise the First Aider for this event to sign any document required by the hospital authorities.