## Nights Away Information Form



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| --- | --- | --- | --- |
|  | | | |
| **Event:** |  | **Dates:** |  |
| **Location:** | Cwm Newyddion Log Cabin (Abermagwr) | | |
| **Meeting place and time:** |  | | |
| **Collection place and time:** |  | | |
| **Cost:** | £ | | |
| **Transport details:** |  | | |
| **Activities:** |  | | |
| **Further details:** | Make sure you bring **WATERPROOFS** and **WARM CLOTHES** | | |
| **Organiser and contact details:** |  | | |
| **Contact details during the event:** |  | | |

*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 Scout or Explorer leader by

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of young person:** | |  | **D.o.B:** |  |
| **Event:** | *……………………..* | | | |

I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? | | | Yes / No | |
| **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 event:** | | **Details of any infectious diseases he/she has been in contact with in the last three weeks:** | | |
|  | |  | | |

*If it becomes necessary for the above named young person 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:** |  | | |

*Please use the back of this form if more space is required*

***Nights Away Kit List***

|  |  |  |  |
| --- | --- | --- | --- |
| *All young people will need to bring their personal equipment and should be encouraged to pack themselves. This list is only a guide.* | | | |
| 🞏 | Complete uniform | 🞏 | Scarf, hat and gloves |
| 🞏 | Warm sweaters, jumpers or sweatshirts | 🞏 | Sun hat, sun cream and sun glasses |
| 🞏 | T-shirts or similar | 🞏 | Sleeping bag |
| 🞏 | Trousers or shorts | 🞏 | Foam roll / karrimat |
| 🞏 | Spare underclothes (one pair per day) | 🞏 |  |
| 🞏 | Spare socks (one pair per day) | 🞏 | Tea towel |
| 🞏 | Nightwear | 🞏 | Torch and spare batteries |
| 🞏 | Hike boots or strong shoes | 🞏 | Personal first aid kit |
| 🞏 | Waterproof (coat and trousers) | 🞏 | Day sack and plastic drinks bottle |
| 🞏 | Swimwear and towel | 🞏 | Polythene bags (for dirty clothes) |
| 🞏 | Camera | 🞏 | Teddy! |
| 🞏 | Personal washing requirements and towel | 🞏 |  |
| 🞏 |  | 🞏 |  |