



A Scout Activities Fellowship of Cromwell District

Application Form Trip To: North Wales, 22nd – 24th January 2010

Name: Date of Birth (if under 18):

Address:

Tel No.: Mobile No.: E-mail Address:

Scout Group: Number of CMC trips attended within the last 2 years:

Next of Kin while away: Relationship:

Address (if different from above):

Tel No.: Mobile No.:

Declarations:

I enclose a cheque for £35; £15 of which is non returnable. (Cheques made payable to Cromwell Mountain Club)
I confirm that I am a fully paid up member of the Scout Association or Scout Fellowship. I confirm that I am a competent camper.
I confirm that (if over 18) I have a current CRB disclosure from the Scout Association. Please contact trip organiser if in doubt.
I agree to adhere to instructions given to me by Section Leaders, Mountain Leaders and Drivers.

Signed: Date:

If under 16 please ask your Scout leader to sign to approve your application and to confirm that you have discussed what to expect and what equipment to bring:

Signed by Scouter: Date:

Health Form

GP: Address:

..... Tel No.:

Relevant medical history (e.g. allergies, injuries):

Medication the leaders should be aware of:

The leaders are not permitted to administer any medication. Prior to the trip please make sure that you know which medications to use, how you administer them and the frequency that which you need to take them.

Special dietary requirements: (e.g. vegetarian):

The following statement must be completed by parent/guardian of anyone under the age of 16 years:

If it becomes necessary for my son/daughter 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 Scouter in charge, or their deputy, to sign any documents required by the hospital authorities.

Signed (Parent/Guardian): Date:

