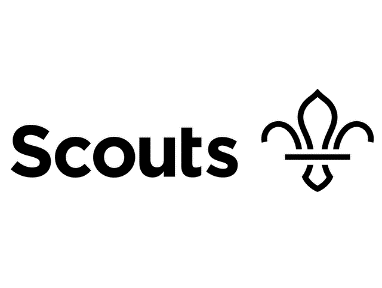
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**Activity Information Form**

**Event:** District WaterActivity Day 2022

**Location:** Mallards Pike Lake

**Collection place and time:** See attached poster

**Meeting place and time :** See attached poster

**Cost:** £4 per individual

**Wear/Bring**: Neckers on to arrive, clothes suitable for getting significantly wet, not jeans, wet suits are permitted, suitable shoes for the water, not crocs, backless shoes, wellies or bare feet. Bring a change of clothes – including a jumper, towel, dry shoes and a bag to put wet clothes in when they finish. A drink and a snack are recommended. We also suggest a hat and sun cream.

**Organiser and contact details:** Event owner- Roger Gardner

Event Admin – Stephanie Ovens 07970034190

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

*-----------------------------------------------------------------------------------------------------------------------------------------------------------*

***Please complete and return this section to your Section Leader before the event***

**Name of young Person:** ………………………………………………………………. **D.O.B:** …………………………….

**Event**: District Water Activity Day – 10th July 2022

I enclose a cheque/cash for £4.00 (Please make cheques payable to Forest of Dean Scout District)

I have noted the arrangements above and agree to the named young person taking part.

**Are they able to swim 50 metres and stay afloat for five minutes in light clothing? Yes/No**

**Emergency Contact:** …………………………………………………  **Phone**: ……………………………….

**Doctors name and contact details: Details of any medications currently being taken:**

**Details of any disabilities, additional needs or cultural needs that may affect this activity?**

**Details of any infectious diseases they have been in contact with in the last 3 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 for 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 back of form if more space is required)*