

Suffolk County Scout Council
Registered Charity number 305682



County Mountain Activities Team
Event Administrator – Roger S Dann
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catt-explorers@outlook.com

Rock Climbing event based at Glenbrook Outdoor Activities Centre, Hope Road, Hope Valley, Bamford (Nr Hathersage) S33 0AL

Saturday April 25th to Sunday April 26th 2015 (arriving Friday night 24th)

- For Scouts (*minimum age 11 years at 01/04/2015*) Explorer Scouts, Network and Leaders, Assistant Leaders, Section/Unit Assistants and other approved adults.
- Scouts should ideally be accompanied by a Troop Leader or approved adult. There are a limited number of places available to unaccompanied Scouts and bookings will be accepted at the discretion of the organising Team.
- The activities on offer will be rock climbing/abseiling and some hill walking and the activity level will be tailored to the ability and experience of those attending.
- Cost - £35.00 per person
- Covers the cost of accommodation for two nights, breakfast Saturday and Sunday and packed lunch both days and an evening meal on Saturday and refreshments at the venue.
- There is a limit of 60 places for indoor accommodation – camping is not available.
- Transport – Units and Groups to make their own arrangements.
- Kit – See list overleaf.
- **InTouch information** – Groups/Units may arrange their own home contact but due to the adventurous nature of the activities offered by the Team we maintain a central Home Contact and all enquiries to the Team during the Event should be routed through this person.
- The Event Team will also convey any necessary information to individual Group/Unit contacts and/or parents/carers during the Event through the central Home Contact – this contact will be advised to participants after booking received.

What next! Fill in the application and send with a cheque payable to SUFFOLK COUNTY CLIMBING TEAM to Roger Dann, 55 Birch Drive, Brantham, Suffolk, CO11 1TG **as soon as possible** and by no later than Saturday March 21st 2015. There will be no refunds for cancellations after this date unless the Team can allocate places to another participant.

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Kit List:

Rucsac/bag (including a daysac), sleeping bag, nightwear, waterproof outer garments, warm sweater, T-shirt or similar, shorts/trousers, underclothes, socks, hiking boots, indoor shoes/trainers, washing kit, towel, swimming trunks, hankies, personal first aid kit, torch/batteries and whistle, plate, bowl, cutlery, mug, tea towel. Map case and 'silva' type compass. Pencil and small note-book or pad.

Please note this is the minimum amount of kit required for this type of event.

[Outdoor clothing and footwear must be suitable for the weather conditions that may be experienced when taking part in these activities in a hill or mountain environment.](#)

If joining to take part in hill walking Leaders may wish to check OS Maps OL1 (Dark Peak) and OL24 (White Peak) for possible route planning

All activities will be run in accordance with the Scout Association Rules. No responsibility for personal equipment, clothing and effects can be accepted by the Event Organisers and the Scout Association **DOES NOT** provide automatic insurance cover in respect of such items. This includes mobile telephones and participants will be encouraged to turn off phones during the event and only use in an absolute emergency.

DATA PROTECTION ACT 1984

To comply with section 33, sub-section 3 the County Climbing Team Secretary requires your agreement to holding your personal data on a computerised database for the purpose of distributing, or recording the distribution of, articles or information to the data subjects and consisting only of your name, address or other particulars necessary for the effecting the distribution. If you do not agree please put X in the box at the bottom right hand corner of the page. Your details will not be released to any third party.

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Please note: all participants to complete all sections of this form. It gives authority for the Event Leader to sign on your behalf any papers needed by the Medical Authorities in case of emergency treatment.

Leaders/Parents - Please ensure these forms are complete before sending in applications.

It is with regret the Team have decided that due to the high number of incomplete forms being received and the time consumed in retrieving this information that in future bookings will only be accepted upon receipt of application forms containing all the information required for the welfare of all participants.

Please reserve one place for on the **Glenbrook 2015 event** - cheque for £

Name: _____ Group/Unit: _____
Address: _____ e-mail: _____
Postcode: _____ Telephone: _____
National Health Service Number: _____ Date of Birth: _____
Date of last Tetanus injection: _____ Medicines currently being taken: _____

Are you allergic to anything (eg aspirin, antibiotics, particular drugs or food?), if so please give details:

Do you have any special dietary needs?

Do you have any mobility difficulties?

Name and address of family doctor:

Telephone number

During the event (if not at home, ie holiday etc) my can be contacted at:

Name: (of parent/carer, relative, family friend)

Telephone number (Landline please).....**If a landline number is not available please provide the address of the above if not the same as the participant in addition to a mobile phone number – thanks.**

Address: (of parent/carer, relative, family friend)

I will inform you if she/he/I has/ or have been in contact with any infectious disease within three weeks prior to the event. If it becomes necessary for 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 to the event, to sign any document required by the hospital authorities.

Signature.....Date

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in the Children's Act 1989. Thus medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/care has the right to so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by the medical authorities.

Please state (briefly) hill walking experience ie area, frequency and whether you wish to lead or assist in leading a walking group: _____ and rock climbing experience ie area/crags: _____ or if new to rock climbing experience on climbing towers and/or walls: