Suffolk County Scout Council

Registered Charity number 305682

County Mountain Activities Team Event Administrator – Roly Dakin 17 Westbury Road, Ipswich, IP4 4RH Tel: +44 (0) 1473721152 Mobile: +44 (0) 7789998817

e-mail twopintsofguinness@yahoo.co.uk

Event Leader - Dave Ward



South Downs Mountain Biking and Downland Walking event @ Parkwood Scout campsite, Henfield Road, Poynings, Brighton, BN45 7BA Friday October 23rd (arrival in evening) to Sunday October 25th 2015

- For those who have experience in Mountain biking/off road cycling or those who want to walk on the South Downs AONB and enjoy the sea air.
- For Leaders, approved Adults, Scout Network, Explorer Scouts and Scouts (aged 10 and a half yrs at October 1st 2015). Leaders with current Permits please indicate your intention to participate in this event asap (if necessary before Unit numbers finalised) so that initial planning of groups can take place.
- Cost £30 per person
- Covers the cost of Centre accommodation for two nights, breakfast and packed lunches on Saturday and Sunday and evening meal on Saturday and refreshments generally.
- Transport Units and Groups to make their own arrangements. Some transport may be available and transport for bikes please contact Roly for availability.
- There is a limit of 38 places for indoor accommodation.
- 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.
- In Touch details will be sent to all <u>confirmed</u> applications for inclusion upon Leader's Form NAN
- Fill in the application below and send with a cheque payable to SUFFOLK COUNTY CLIMBING TEAM to Roly Dakin as detailed above **as soon as possible** and by no later than October 9th 2015. There will be no refunds after that date for cancellations unless the Team can allocate places to another candidate
- If you require any further information please contact Roly contact details as above.

Kit List: (Please have Group or Unit Scarf available)

For Biking:-

Bike! MUST but suitable for this event (no road bikes or BMX's) and in good working order! If you have any doubts or issues please contact Roly

Helmet Required no helmet will result in non participation

Rucsac 20-30 litres day sac

Gloves full finger with protective palm section

Eye protection (clear safety glasses are ideal) some can be provided please indicate on application

Spare inner tubes (min 2 for your bike)

Quick/snap links for your chain (2 min)

Chain lube

Brake pads (2 sets for your bike)

Any specialist tools required for your bike, the ride leaders will be equipped for normal repairs. Any bike tools, cycle lock and a pump will be useful if you have them.

Front and rear lights (we aim to be back before dark but in case of emergencies)

For Walking & Biking:-

Waterproof Jacket and trousers,

Hiking boots/cycle shoes/ trainers/approach shoes with good support and grip,

Any bike tools, cycle lock and a pump will be usefull if you have them

Personal first aid kit, headtorch/batteries and whistle.

Mid layers i.e. Fleece, Technical t shirt/, shorts/cycle shorts/trousers, spare clothing, underclothes and socks. No Jeans or cotton while cycling/walking - this is for your comfort and safety.

Warm Hat and gloves for stops/emergency also a buff type face/head warmer if available as this can be worn under a helmet if cold.

Unbreakable drinks bottle/container.(Min 2 litres) and if desired an unbreakable lunch box

Pencil and small note-book or pad.

Map case and compass.

Survival bag (large plastic orange)

Extra Kit Required:-

Sleeping bag. Mattresses are provided.

Indoor shoes/trainers – please note outdoor shoes/boots not allowed in common areas & dormitories .

Washing kit,

Towel.

Tea towel (ESSENTIAL *PLEASE*). Other crockery & utensils provided at the Centre.

Clothing general but warm for evening and return journey

Medication enough for the duration of the event plus extra if needed, please indicate on the application form below.

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.

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 <u>absolute</u> emergency.

Leaders should also have their own OS Explorer OL 11 map at 1:25 000 scale.

Access to the Centre is not available until 18.00hrs and only after a delegated Team member has after taking responsibility for the accommodation. The Team has the use of the Centre until 16.00hrs on the Sunday.

DATA PROTECTION ACT 1984

To comply with section 33, sub-section 3 the County Mountain Activities Team Secretary requires your agreement to holding your personal data on a computerised date base 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 effecting the distribution. If you do not agree please put X in the box below. Your details will not be released to any third party.

<u>Please note: all participants to complete all sections of this form</u>. 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 <u>all</u> participants.

Please reserve one place for on the Mountain bi	ixing Oct 2015 event - cheque for £ 30.00
Name:	Group/Unit:
Leader/Assistant/Network/Explorer/Scout	Please indicate by circling
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, antibiotic	cs, particular drugs or food?), if so please give details:
Details of any medication currently being taken:	
Do you have any special dietary needs?	
Do you have any mobility difficulties?	
Name and address of family doctor:	
Doctor's telephone number	
During the event (if not at home, ie holiday etc) i	my can be contacted at:
Name: (of parent/carer, relative, family friend)	
Address: (of parent/carer, relative, family friend)	
prior to the event. If it becomes necessary for . contacted by telephone, or any other means to	n contact with any infectious disease within three weeks to receive medical treatment and I cannot be authorise this, I hereby give my general consent to any e Scouter-In-Charge to the event, to sign any document
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/mountain biking experience I.e. area, frequency and whether your wish to lead or assist in leading a biking or walking group: