

# CMAT Mountain Biking, Brandon Country Park

Sunday 8th January 2017

Brandon Country Park, Brandon near Thetford

*For Scouts, Explorer Scouts, Network, Leaders and approved Adults.*

*Rides for all abilities.*



**Brandon Country Park, located just South of Brandon on the B1106 road to Elvedon. The postcode is IP27 0SU. Explorer map 229 grid ref 786 854. See: <http://www.brandoncountrypark.co.uk/location-opening-hours.html>**

**Meeting place and times:** In The Orchard car park @ 10.00 start & finish 15.00. Parking £2.50 for over 2 hours

**Wear / Bring:** Your bike! This must be in **GOOD ORDER**, helmet, waterproof, gloves, warm clothes, glasses with clear glass to protect eyes, suitable footwear and personal first aid kit. Bring a change of clothes. Tool kit and bike spares if you have them. Packed Lunch or there is a cafe selling hot/cold food and drinks.

**Transport:** Make your own way or get a lift from Ipswich. Minibus & trailer leaving from the Scout HQ, Ship Lane, Bramford, Ipswich leaving at 8.30 returning 16.30 Please book a seat £5 with Dave Ward Tel : 01473718461 or 07957815410. Email : [helanddave@btinternet.com](mailto:helanddave@btinternet.com)

**Event Admin:** Andrew Waller, 3a The Street, Cavenham, Bury St Edmunds, Suffolk, IP28 6DA.  
Tel : 01638 552361 or 07711 366215. Email : [lucywaller027@btinternet.com](mailto:lucywaller027@btinternet.com)

**In touch:** Pete Gibbs. Tel. 01359 252235. Mobile: 07771 714481.

*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 Andrew Waller by email or post by 27/12/16 PLEASE BOOK BEFORE!

**Name of young person:**

**D.o.B.:**

**Event:** Brandon off road biking. Sunday 8/1/17 starting at 10:00 and finishing at 15:00.

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

**Emergency contact:**

**Phone:**

**Family Email:**

**Mobile:**

**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 activity:**

**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*