



£25
including Camping Friday
night, meals Friday night
and Sat, Zoo Entry and Sky
Trek

food Section
Skytrek

Banham

Senior fun camping

Suffolk

animals
Zoo
March



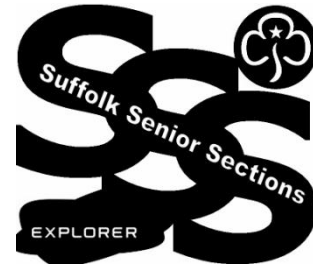
Friday March 16th to Saturday 17th

Explorer / Network / Young Leader /
Ranger / Senior Section

SUFFOLK SENIOR SECTIONS

Activity Camp

Friday 16th March to Sat 17th March 2012



A fun event for Explorers/ Network/ Young Leaders / Rangers / senior section guides,

The Basic plan

Meet from 18.30, At Banham Zoo Campsite. OS Land Ranger Sheet 144, Grid Reference 059 873.
Address is Kenninghall Road, Banham, Norfolk, NR16 2HE.

Friday evening, activities will include a small hike and other group activities.

Saturday. There will be a quiz and other activities to complete in the zoo as well as a go on skytrek high ropes course.

Meals

All meals will be provided, Friday evening meal, Sat Breakfast, and Sat Lunch. Friday Eve meal will be served roughly between 7.30-8pm

Please make sure we have any dietary requirements well in advance.

How Much? £25.00 per head includes, Zoo entry, sky trek, camping and all meals. As we have lots to book we need full payment when booking please.

What will I need? The Zoo is open whatever the weather!

Please check the weather forecast to get a good idea of the clothes you will need

Arrival in full uniform please. Bring a full set of waterproofs, warm hat, gloves, walking boots, torch, warm clothes, towel, wash bag, tent (please share where possible) warm sleeping bag (bring a blanket if it looks cold), foam sleeping mat, plate, bowl, mug, knife fork spoon.

SKYTREK RULES, *The SkyTrek course cannot be used by anyone who..*

- *is under 6 years old*
- *is under 1.1m (3ft 8in) tall*
- *is pregnant*
- *is over 18 stone (114kg)*
- *has any serious medical condition that might affect you whilst completing the course.*
- *has a spinal injury*
- *has a heart condition.*

All those under 16 must have consent from a parent or guardian.

Dress Code: No Skirts, sandals, high heels or flip flops. Pockets must be empty. No large jewellery.

Those participating in this activity do so on the condition that they have read and understood the conditions.

There will probably be a separate form for the SKYTREK nearer the time.

QUESTIONS? Email Lawrence@familychapman.me.uk www.suffolkseiorsections.org.uk



SUFFOLK SENIOR SECTIONS

NIGHT HIKE AND ACTIVITY DAY

Friday 16th March to Sat 17th March 2012

BOOKING FORM



Name	
Explorer/Network/senior guide/Ranger/young leader please circle	
Email address – please print carefully	
Unit Name	
Leaders Name	
Leaders Email Address	
Dietary requirements if any?	
If you have a very specialist diet please tell us what you do normally eat.	
Will you be doing SKYTREK?	
Cheque	Please enclose a cheque payable to Lowestoft Explorer Scouts
Consent form	Please complete form GC1
Health Form	Please complete Health Form

Please send this Booking form with cheque + GC1 + Health Form to

SSS Night Hike
Sarah Adams, 11 Park Meadows
Lowestoft, Suffolk, NR32 4WP

Information and Consent CG1

COMPLETE IN BALLPOINT PEN IN BLOCK CAPITALS

THIS PART TO BE KEPT BY THE GUARDIAN

The Suffolk Senior Sections night hike and activity day.

Event for Explorers/Rangers/Network/young leaders will take place at:

Start/ base: Banham Zoo, OS Land Ranger Sheet 144, Grid Reference 059 873.
Address is Kenninghall Road,
Banham, Norfolk, NR16 2HE.

The fee will be **£25.00** exclusive of travel.
The full amount of £25 should be paid by 10th Feb
Cheques payable to Lowestoft Explorer Scouts



Travelling arrangements. Please make own travel arrangements to and from Banham Zoo

Signed: Lawrence Chapman 30-12-11

Scouter in Charge
Contact Lawrence desc@lowestoftscouts.org.uk
Emergency contact 07775533806

Address for return of forms:
SSS night Hike, Mrs S Adams, 11 Park Meadows
Lowestoft, Suffolk, NR32 4WP

PARENT'S OR GUARDIANS CONSENT

This section should be returned to the above address by 10th February.

I am willing that _____ (name)
Should attend the camp and activity day at
Banham Zoo
From Fri 16th March from 18.30 to Sat 17th March
2012

To run this event successfully it is important to know of any condition /special needs which have to be met. Please complete this section as fully as possible; complete on a separate sheet if necessary.

Is there any medical condition or recurring complaint which the leaders should be aware of, e.g. travel sickness, period pains, bedwetting, diabetes, asthma, epilepsy etc? YES/NO if YES please give details.

Does he/she have any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements? YES/NO if YES please give details.

Does he/she have any dietary requirements e.g. medical, religious? YES/NO if YES please give details.

Does he/she have any allergies (i.e to food, medicines etc)? Yes/NO if YES please give details.

Does he/she have any special needs, e.g. not allowed to sleep under canvas, needs turning at night? YES/NO if YES please give details.

May he/she, under supervision, take part in the following activities?

Night Hike	YES/NO
SkyTrek	YES/NO
Orienteering	YES/NO
Camping	YES/NO
Zoo Quiz	YES/NO
	YES/NO

If water activities are included can he/she swim 50 metres and keep afloat for five minutes in appropriate clothes? A buoyancy aid may be worn YES/NO

I understand that the scouter/guide reserves the right to send participants home if necessary. I am happy for photographs to be taken to be used in scout/guide publications including websites.

Signed _____ Date _____
Parent/Guardian
Emergency contact number _____



Information: general health

PLEASE RETURN THIS FORM, COMPLETED AND SIGNED, TO THE

GUIDER-IN-CHARGE by 10th February 2011 _____ (DATE)

CLICK ON EACH LINE AND TYPE IN THE DETAILS. SELECT STARRED(*) ITEMS FROM EACH DROP-DOWN MENU AS APPROPRIATE.

NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE

Members of the Association aged 16 or over may complete the form themselves: for scouts/guides under 16 the form should be completed by the parent or guardian. *

Name of *unit/event Suffolk Senior Sections Spring Camp

From FRI 16th March – Sat 17th March

Surname

First names

Address

Postcode

Date of birth

In an emergency you should contact the following person

Name

Relationship

Address

Postcode

☎ daytime

☎ evening

☎ mobile

Alternative emergency contact

Name

Relationship

Address

Postcode

☎ daytime

☎ evening

☎ mobile

Family doctor: Name

Address

Postcode

☎ daytime

☎ evening

Date of anti-tetanus

Hospital consultant if applicable: Name

Hospital

Reg no.

☎

*Do you/does she/he suffer from asthma, chest complaint, wheezing or

hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability? *YES/NO If YES, please give details.

*Are you/is she/he receiving any medical treatment at present?

YES/NO If YES, please give details overleaf. Please also give details of any pills, medicines etc.

*And if YES and travelling overseas, please attach a current medical certificate confirming your/her/his fitness to take part in the event.

Does she administer her own medication? *YES/NO

*have you/she/he had contact with any infectious illnesses within the last month? *YES/NO If YES, please give details overleaf.

*Do you/does she/he have any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements? *YES/NO If YES, please give details overleaf.

For members aged under 16

Medication required should be given to the Guider-in-charge, or the First Aider, clearly marked with name and full instructions for use. Inhalers and epipens should be retained by the girl. Spare inhalers/epipens given to the First Aider.

The following medication will be available if required. Please indicate which may be used for your child.

*YES/NO

*YES/NO

*YES/NO

*YES/NO

*YES/NO

*YES/NO

EMERGENCY PERMISSION

I authorise Lawrence Chapman / Jill Geaney (name)
scouter/guider-in-charge

*and/or (name)
First Aider

to give permission for my child to receive medication as instructed above and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed

Parent/guardian *

Date

Signed

*Are you/is she/he allergic to anything? (Antibiotics, any particular food or medication etc.) *YES/NO If YES, please give details.

