

# CMAT Mountain Biking, Thetford Forest

Saturday 17<sup>th</sup> November 2012, High Lodge Centre, Thetford

*For Scouts, Explorer Scouts and Leaders  
High Lodge Centre, located on the main Brandon to Thetford road (B1107).  
The postcode is IP27 0AF for GPS systems.*

**Meeting place and times:** In car park @ 10.00 start & finish 15.00. Parking £10 for car and £20 minibus

**Wear / Bring:**

Your bike! This must be in **GOOD ORDER** or can hired: [bikeatthetford.co.uk](http://bikeatthetford.co.uk), helmet, waterproof, gloves, warm clothes, clear glass to protect eyes must have, 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. Minibus & trailer leaving from the Scout HQ, Ship Lane, Bramford, Ipswich leaving at 8.30 returning 16.30 Please book a seat £5.

**Event leader contact details:**

Dave Ward, 62 Roundwood Road, Ipswich, Suffolk, IP4 4LT  
Tel : 01473718461 or 07957815410 Email : [helanddave@btinternet.com](mailto:helanddave@btinternet.com)

**Next event :** Rendlesham Forest Centre, Sunday 30<sup>th</sup> Dec 2012 more info soon!

*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 Dave Ward by email or post by 16-11-12. PLEASE BOOK BEFORE!**

**Name of young person:** ..... **D.o.B:** .....

**Event:** Thetford off road biking Saturday, 17-11-12 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 :** ..... **Mob :** .....

**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*

**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/carer to a particular treatment has the right to do 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 medical authorities.