

# CMAT Mountain Biking, Tunstall Forest

Sunday 30<sup>th</sup> December 2012, Fire Road 30, Tunstall

## For Scouts, Explorer Scouts and Leaders

Fire road 30 on Tunstall Road between the B1069 and Iken.

### Meeting place and times:

In car park area FIRE Road 30 @ 10.00 start & finish 14.00. The event is free but we would like to give the club a £2 donation. This includes a free BBQ lunch for participants.

### Wear / Bring:

Your bike! This must be in **GOOD ORDER**, helmet, waterproof, gloves, warm clothes, clear glasses 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 enjoy the free BBQ lunch for participants.

### Routes

All are led by TROG club members and vary in length and difficulty. We will mainly be using parts of "The TROG Viking Trail".

### 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)

*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 21-12-12.**

**PLEASE BOOK BEFORE! Print, sign and bring to event if emailed.**

Name of young person: .....

D.o.B: .....

Event: Tunstall off road biking Sunday, 30-11-12 Starting at 10.00 and Finishing at 14.00

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

Emergency contact: .....

Phone: .....

Family Email : .....

Mob : .....

Address: .....

Group : .....

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.