

# One Day Activity

This part is to be retained by the parent/guardian. The lower part of this form should be completed by the parent/guardian and returned to the Section Leader by the date shown.

Section	Cubs
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Planned activity	Wingding Cub Camp
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Date	18 – 20 June 2010	Location	Tawd Vale Camp
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Please bring/wear...
Archery: long-sleeved top
Bell-boating: swimwear, shorts, t-shirt, suitable footwear e.g. pumps

Additional information

Leader		Telephone	
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Home Contact		Telephone	
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Mobile	
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Please return by  in an envelope marked

Name of young person	
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Please state if the named young person has a disability or condition which might be affected by this activity For example hayfever, travel sickness, food allergies, asthma, etc.

Please indicate details of any medical treatment she/he is having at the moment

Telephone		Mobile	
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I do/do not give permission for the named young person to take part in archery.

I do/do not give permission for the named young person to take part in bell-boating.  
He/she can/cannot swim 50 metres and tread water.

Signed		Date	
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Relationship to young person	
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