



# Information and consent: one day activity

COMPLETE IN BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED\* ITEMS AS APPROPRIATE.

THIS PART TO BE KEPT BY PARENT/GUARDIAN

Please return the lower section of this form, completed and signed, to the Guider by (date). **3<sup>rd</sup> September 2010**

Name of Unit

Cost **20.00**

Proposed activity **Get Wet Day 2010**

Transport required? **YES**

On (date) **Sunday 12 September 2010**

Additional information

**£20 includes BBQ lunch and a hot or cold drink**

At (place) **Tatton Park – Sailing Centre**

**Please ensure girls have everything on the kit list – to be supplied closer to the event**

Start time **9.45 am**

**Every vehicle entering Tatton Park requires a pass**

Finish time **4.00 pm**

Signed

Guider

Date

## PARENT OR GUARDIAN'S CONSENT

This section should be returned to the Guider on or before. **3<sup>rd</sup> September 2010**

I am happy for photographs and video footage of my daughter/ward to be used in Guide Association publicity or publications.

I have noted the arrangements and I give permission for my \*daughter/ward (name \_\_\_\_\_) to take part in **Get Wet Day**.

In an emergency you should contact the following person:

Surname

Please state if your \*daughter/ward has a disability or condition that might be affected by this activity.

First names

Relationship

Address

Please indicate if she has any faith or cultural needs e.g. dress, diet, toilet arrangements.

Postcode

daytime

evening

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

I give permission for any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present

I confirm that my daughter/ward can swim 50 metres and keep afloat for five minutes in appropriate clothes? A buoyancy aid may be worn.

Signed

\*Parent/guardian

Date

+ Complete if applicable:

+ I can provide transport for girls

\*YES/NO

+ I enclose fee of