

# B&D Nights Away Scheme

## Initial Information



If your child would like to attend this event, please retain this information sheet and return the "Return Forms" to your leader.

Event Title	Sixers Camp 2007
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### EVENT DETAILS

Dates	From	Day of the Week	Day	Month	Year
	To	Friday	1 9	1 0	2 0 0 7
		Sunday	2 1	1 0	2 0 0 7

Venue	Hargreaves Scout Camp, Hainault Road, Little Heath, Romford, Essex, RM6 5SR
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Outline of theme/main activities	Sixers Camp incorporating the District Cub Quiz. Cub Quiz participants must complete the separate one day activity form.
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Deposit	Due		-		-		-		Amount	£		p
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Total Cost	Due	Monday	-	1 5	-	1 0	-	2 0 0 6	Amount	£	20 00	p
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**N.B.** The deposit is non-returnable, if cancellation is made after the 'deposit due date'.

### PAYMENT METHODS

You may pay by cash or cheque. We do not accept credit cards

Cheques should be made payable to:	Barking & Dagenham Scout District
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If you would like to pay in instalments, a "payment receipts card" can be obtained from your leader to record the amounts you have paid in.

### PARENTS MEETING

At this time, a 'pre-camp' parents information meeting has not be arranged

A pre-camp parents information meeting has been arranged as follows  hour mins am/pm

Date		-		-		-		Time	:	M	
Location											

### EVENT ORGANISER

Name/s	Rosemary Oakwell
Address	97 Westfield Road, Dagenham
Phone No.s	0208 595 0292

Please contact this person if you require any further information

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## Personal Kit

Event Title *Sixers Camp 2007*

Please note that cubs are responsible for their own kit at all times. As such, please ensure that all items are clearly marked with the cub's name and that a list detailing all their belongings is provided and secured within their bag / case. Cubs have to pack their own kit for the return journey, so please make sure they are able to. All their kit must fit into one large bag / case.

**N.B.** No claims for loss or damage will be entertained by the Scout Association.

### CLOTHING

Uniform - to be worn on arrival  
Waterproof coat and trousers  
Suitable changes of footwear  
(i.e. hiking and wellington boots / trainers etc)  
Changes of clothing for both wet and warm weather  
Daily change of underwear and socks  
Night clothes

### EQUIPMENT

Sleeping bag (blanket / pillow / ground mat)  
Torch and spare batteries  
Personal wash kit  
1 bath towel and 1 hand towel  
Plastic bags to separate dirty or wet items

### MEDICATION

All medication should be shown to an appropriate leader on the day of departure. They will look after it unless it needs to be kept on the person at all times. Please do not give your child any tablets / creams to keep in their kit.

### POCKET MONEY

**A** A small amount of pocket money may be needed for the tuck shop / days out etc.

Recommended Total Amount	£	2	50	p
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**B** ~~A suitable amount of pocket money has been included in the total cost of this event. Please do not send any extra with your child.~~

### ADDITIONAL KIT (Dependent on seasonal weather, activities being done etc.)

Swimwear  
Sun hat and Sun glasses  
Warm hat, scarf and gloves  
Slippers (if indoors)

### THINGS THAT MUST NOT BE TAKEN IN PERSONAL KIT

Aerosol cans  
Expensive items or those of sentimental value

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## Final Arrangements



Please retain this sheet until after the residential experience is over

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### DROP-OFF / PICK-UP DETAILS

You will need to drop your child off at: (Please inform us as soon as possible if you think you may be late)

	day of week	day	month	year	hour	mins	.a/pm
Date	Friday	- 1 9	- 1 0	- 2 0 0 7	Time	7 : 00	- p m
Place	Hargreaves Scout Camp, Hainault Road, Little Heath, Romford, Essex, RM6 5SR						

You will need to pick your child up at: (If we are travelling a long distance, we may be affected by traffic conditions)

Date	Sunday	- 2 1	- 1 0	- 2 0 0 7	Time	3 : 00	- p m
Place	Hargreaves Scout Camp, Hainault Road, Little Heath, Romford, Essex, RM6 5SR						

### LEADERS / ADULTS ATTENDING

Group / Responsibility	Name	Mobile Number
9th - Acting ADC Scouts	Darren Dowling	07881650524
9th - CSL/ADC Cubs	Rosemary Oakwell	07905567224
9th - GSL/District CSL	Ken Thompson	02085955459

### HOME CONTACT

In the event of an emergency, or if we need to contact several parents, this will be our / your method of contact

Name/s	Steve & Sharon Martin
Address	13 Julia Gardens, Barking
Phone No.s	020 8924 3040

### ADDITIONAL INFORMATION

The Cub Quiz team may consist of 6 Cubs. They are to arrive at 6 p.m. for a 6:30 p.m. start. They will depart at 10:30 p.m. Parents can come at 10 p.m. if they wish and we will give them a cup of tea and a piece of cake while they are waiting for their child. **Please note a separate one day activity form needs to be completed for those children who visit on the Saturday for the Quiz.**

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## Return Form: A

GENERAL INFORMATION



Name of Child

It is extremely important that all parts of this form are completed as accurately as possible.

Event Title *Sixers Camp 2007*

Dates	Day of the Week	Day	Month	Year
From	<i>Friday</i>	1 9	1 0	2 0 0 7
To	<i>Sunday</i>	2 1	1 0	2 0 0 7

Venue *Hargreaves Scout Camp, Hainault Road, Little Heath, Romford, Essex, RM6 5SR*

### PARENTAL CONSENT

I hereby give permission for my child (named above) to attend this residential experience. I have read the information sheet / spoken to the leaders and give permission for my child to take part in the planned activities

I also consent to all of the following\*:

My child may bathe / swim under supervision

My child may take part in adventurous activities, including Air Rifle shooting

\*Please strike through any that you do not give your consent for.

Parent / Carer's Signature

Date

### NEXT OF KIN

Name/s

Address

Phone No.s

### OTHER INFORMATION

Can your child swim fifty metres and tread water? Yes  No

Please state any other information which may help the organisers to plan and run this camp in a safe / enjoyable manner. This might include details of special needs, disabilities, bed-wetting, travel sickness, sleep walking etc.



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## Return Form C

MEDICAL INFORMATION



Name of Child

It is extremely important that **ALL** parts of this form are completed as accurately as possible.

Event Title *Sixers Camp 2007*

### HOME DOCTOR

Name/s

Address

Phone No.s

Date of Birth  day  -  month  -  year

Date of last Tetanus immunisation  -  -

National Health Service Number (ask your doctor)

Has your child been in contact with any infectious diseases within the past three weeks? Yes  No

If yes, please give details (continue overleaf if needed)

Medication currently being taken

Allergies to medical substances e.g. creams

(Please include dosage / times etc.)

(Please include effects of these substances)

If it becomes necessary for my child to receive hospital treatment and I cannot be contacted, I hereby give my permission for the Scouter in charge to sign any documents required by the hospital authorities.

Parent / Carer's Signature  Date

### EMERGENCY CONTACT

In the event of an emergency please contact

Name/s

Address

Phone No.s

### GROUP'S OFFICIAL HOME CONTACT \*\*\*\*\*This section is to be completed by a leader\*\*\*\*\*

Name/s *Steve & Sharon Martin*

Address *13 Julia Gardens, Barking*

Phone No.s *020 8924 3040*