

# ACTIVITY CONSENT FORM AND GEAR LIST

Dear Parent/Caregiver, we need your approval for young people to attend this activity.

If you approve, please **complete, sign and return the lower half of this form.**

**Use Tab key to move forward or Shift + Tab to move backwards between fields on form. Click or type x to check the boxes.**

Scout Group:	Sections involved:	<input type="checkbox"/> Keas <input type="checkbox"/> Cubs	<input type="checkbox"/> Scouts <input type="checkbox"/> Venturers	<input type="checkbox"/> Rovers <input type="checkbox"/> Associates
Activity Description:				
Planned numbers attending:				
Location of the activity:				
Cost of the activity:				
Departure date: Departure time: Departing from:				
Transport will be by:	<input type="checkbox"/> Walking <input type="checkbox"/> Cycling	<input type="checkbox"/> Bus <input type="checkbox"/> Car	<input type="checkbox"/> Rail <input type="checkbox"/> Ferry	<input type="checkbox"/> Canoe <input type="checkbox"/> Aircraft <input type="checkbox"/> Boat
Return date: Return time: Returning to:				
Parents are welcome to visit on: between the hours of:	and			
I accept responsibility for and will be leading this activity. Activity Leader's Name:				
My address is: Home phone: Work phone: Cell phone: Age if under 18yrs:				
The contact person during the activity will be: Phone:	<i>(note: this person is not doing the activity)</i> or			

Qwert yuiop asdfghjkl zxcvbnm Qwert yuiop asdfghjkl zxcvbnm Qwert yuiop asdfghjkl zxcvbnm Qwert yuiop asdfghjkl zxcvbnm

Items marked with an X are required information.

To the Leader in Charge of the:	
I give approval for:	<b>X</b>
To attend the activity from:	Date: (dd/mm/yyyy) to
Under the leadership of:	
I agree that responsibility for safety is a three way partnership between the participants, parents or caregivers, and those in charge. The young person named will be amenable to the instructions given by the Activity Leader(s).	
During the activity I can be contacted on:	<b>X</b> Phone 1:( ) <b>X</b> Phone 2:( )
Please be aware that:	<b>X</b> Medication must be continued during the activity <b>X</b> Special assistance may be required due to a disability <b>X</b> There are special food or other requirements <i>Please list any special requirements over the page</i>
Our family doctor's contact info:	<b>X</b> Phone: ( )
Photographic consent:	I agree that photographs taken during the course of the Event are the property of SCOUTS New Zealand and may be used in publicity material.
Parent/Caregiver's signature:	<b>X</b> ..... Date: ...../...../.....

