

# Fordell Fast Forward

A Camp for Older Cubs and Younger Scouts  
21st - 23rd May 2010 fordellfastforward.org.uk



## Fordell Fast Forward

### CAMP INFORMATION – LEADERS & ADULTS ONLY

Please complete legibly in black ink

Please return completed attached section of this form and payment of £15 by: \_\_\_\_\_  
to the Leader.

**Camp Leader:**

Richard Fairbairn  
c/o Fordell Firs National Activity Centre, Hillend,  
Dunfermline, Fife, KY11 7HQ

From Friday 21<sup>st</sup> May 2010 To: Sunday 23<sup>rd</sup> May 2010

Leaving From: \_\_\_\_\_

At: \_\_\_\_\_ pm on Friday 29<sup>th</sup> Sept returning at around \_\_\_\_\_ pm on Sunday 1<sup>st</sup> October. **The Cub Scout Leader will confirm the arrangements nearer the time.**

The Total cost of the camp is £15 for a Adult  
The total of £15 must be paid, and the form filled in and **returned by** \_\_\_\_\_ to the Leader.  
Any cheques should be made payable to

“ \_\_\_\_\_ ”

**The Camp will take place at:** Fordell Firs National Activity Centre, Hillend, Dunfermline, Fife, KY11 7HQ

**In an Emergency the Home contact is:**

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 camp organisers and The Scout Association does not provide automatic insurance cover in respect of such items

Please return completed attached section of this form and £15 by: \_\_\_\_\_ to the Leader.

| Suggested Kit List – All items should be clearly labelled with the Persons Name |  |                                    |  |
|---|--|------------------------------------|--|
| Uniform   |  | Plate, Bowl, Mug and Cutlery       |  |
| Sweater, Jumper or Sweatshirt   |  | Wool hat, scarf and gloves         |  |
| T-Shirts  |  | Sun Hat, Sun Cream and Sun Glasses |  |
| Trousers & Shorts   |  | Sleeping Bag                       |  |
| Spare Underclothes  |  | Foam Sleeping Mat / Groundsheet    |  |
| Spare Socks   |  | Tea Towel & Bath Towel             |  |
| Nightware   |  | Hankies (Handy Andies etc)         |  |
| Wellies / Boots   |  | Personal Washing Kit               |  |
| Training Shoes  |  | Torch and Spare Batteries          |  |
| Waterproof  |  | Day Sack                           |  |
| Swimwear  |  |                                    |  |
| Please pack in either Rucksack or Sports bag                                    |  |                                    |  |

[www.fordellfastforward.org.uk](http://www.fordellfastforward.org.uk)

# Fordell Fast Forward - Leader & Adult Consent Form

This part must be returned to the Leader by \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
(Postcode) \_\_\_\_\_

(Tel) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Position: \_\_\_\_\_

Scout Member no: \_\_\_\_\_

**The Scout Membership No is available from your Scouting Magazine, membership card, or via your Group / District. If you are NOT a member please include your Scout Disclosure no.**

District: \_\_\_\_\_

Group \_\_\_\_\_

I will be attending the Fordell Fast Forward at Fordell Firs National Activity Centre, Hillend, Dunfermline, Fife, KY11 7HQ

From: Friday 21<sup>st</sup> May 2010

To: Sunday 23<sup>rd</sup> May 2010

Have you been in contact with any infection diseases with the last 3 weeks? \_\_\_\_\_

Date of last tetanus immunisation:

\_\_\_\_\_

Medicines Currently being taken:

\_\_\_\_\_

Do you have any allergies to food, medicines or other?:

\_\_\_\_\_

Do you have any have any special dietary needs?

\_\_\_\_\_

Do you have any special needs, please continue over leaf if necessary:

\_\_\_\_\_

I can/cannot swim 50m and tread water  
I may/may not bathe under careful supervision

Name, address and telephone of my own doctor:

Dr \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ (Tel) \_\_\_\_\_

During the camp my Next of Kin can be contacted at:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

(Tel) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## Child Protection

**It is important to note that ALL adults aged 18 years or above MUST have had a valid Disclosure Scotland within the last 5 years, via the Scout Association. All adults who need a Disclosure Scotland check, must have it completed before the date of the camp. Please fill in the necessary forms and submit it as soon as possible via the District as normal.**

\*I understand that photographs / video may be taken of me and may be made viewable on a Scout Association Website or the Press. No names will be associated with the images.

**\* Please delete the above if permission is NOT given.**

I accept that the Scout Association will be keeping information about my participation in the camp for Scouting purposes and purely for the safe running of the camp.

I give explicit consent to the holding of information of my health & disabilities; again for Scouting purposes and the safe running of the camp.

I understand that the Camp Leader reserves the right to send any participants home if necessary. If it becomes necessary for me to receive medical treatment and my next of kin cannot be contacted by telephone or any other means to authorise this, I hereby give general consent to any necessary medical treatment and authorise the Scouter in charge of the camp to sign any document required by the hospital authorities.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CONFIDENTIAL**