



# K2 EXPLORER SCOUT UNIT CAMP INFO & PERMISSION FORM



Please read this form **very carefully** – it contains information about camp. \*\*\*\***KEEP THIS TOP SECTION**\*\*\*\*

CAMP DETAILS			
<b>Camp</b>	Expedition	<b>Venue</b>	Bwlchgwyn to Hope to Hawarden
<b>Details*</b>	Expedition - all kit must be carried on own back. Please note this is not a DofE expedition, just a bit of fun, leaders will accompany explorers.		
<b>Deposit/Full fee</b>	£10	<b>Required by</b>	Monday 6th February
<b>Balance</b>		<b>Balance required by</b>	

\*All activities will be run in accordance with the Scout Association's Safety Rules.

\*Should shooting be included, a separate permission form will be required to be filled in by parents/carers

GETTING THERE	Meet	Pick up
<b>Where</b>	Bwlchgwyn war memorial	Gladstone scout campsite, Hawarden
<b>Directions</b>	Take A525 out of Wrexham, meet in layby on right in Bwlchgwyn	See <a href="http://www.clwydscouts.org.uk/gladstone">www.clwydscouts.org.uk/gladstone</a> for map
<b>Time</b>	10am	Approx 4pm - will text
<b>Date</b>	Saturday 11th February	Sunday 12th February

IN TOUCH Here's how to get in touch during the camp if you need to know anything, or to get urgent information to us:			
<b>Name</b>	Moz	Ollie Morris	
<b>Telephone</b>	07779 272340	07594 677929	

**By signing below, you declare that you understand and accept the following:** 1) If you wish to contact your child during the camp please do so via the home contact who will get in touch with us. Please ask your child **not to phone home** during the camp, without first asking the permission of a Leader. 2) We can accept no responsibility for personal equipment, clothing and effects, and the Scout Association **does not provide automatic insurance cover** for such items. 3) Please **do not provide extra food/drink** for your child unless for a specific medical reason cleared with the Leader beforehand. It only causes arguments and there is no need as all food is provided. 4) Explorer Scouts are not allowed to bring knives to camp.



\*\*\*\*\***Please complete and return this section**\*\*\*\*\* You **NEED** the section above – keep it!

EMERGENCY CONTACT Please give details of who we should be contacted during camp			
<b>Name</b>		<b>Relationship to Explorer Scout</b>	
<b>Address</b>			
<b>Telephone</b>	<b>Day:</b>	<b>Evening:</b>	<b>Mobile:</b>

K2 ESU – NIGHTS AWAY ACTIVITY	
<b>Name of Explorer Scout</b>	<b>Camp</b> February Expedition
I have read and understood the above information and give permission for my child to go on the above activity. I have previously filled in a Health Information Form and no details have changed since then (if you are unsure of what you put on the form, please request to see it)	
<b>Signed (Parent/Carer)</b>	<b>Date</b>