



# Somerset Scouts Caving Permission Form

**Event:** Caving **Date:**

**Location:**

**Meeting place and time:**

**Collection place and time:**

**Cost:** £10.00 per person (cash only please)

**Transport details:**

**Bring:** Towel, a complete change of clothes, wellies or old hiking boot with thick socks and some warm, non cotton clothes just in case our under-suits don't fit!  
**NO JEANS or COTTON SHIRTS.**  
Also **please** bring a big plastic bag to put your damp /wet kit into afterwards.  
Energy bar or similar snack.

**Further details:** Please Read attached information sheet.

**Organiser and contact details:**

**Contact details during the event:**

*Please keep this section for your own information, and detach and return the section below.*

Note: 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 organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section to \_\_\_\_\_ by \_\_\_\_\_

**Name of young person:** \_\_\_\_\_ **D.o.B:** \_\_\_\_\_

**Event:** Caving

*I enclose £10 and I / we have noted the arrangements above and agree to the named young person taking part.*

**Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? Yes / No**

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Doctor's name and contact details:** \_\_\_\_\_ **Details of any medications currently being taken:** \_\_\_\_\_

**Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:**

**Details of any infectious diseases he/she has been in contact with in the last three weeks:**

*If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to young person:** \_\_\_\_\_

Photographs or Video may be taken of this event for Scouting Publicity purposes; no full names or address will be published. By signing the above form you consent to images being used for these purposes.