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	☐ Keas	Scouts	Rovers		
Askinika Deseminkia m		involved:	LI Cubs	☐ Venturers	Associates		
Activity Description:							
Planned numbers attending:							
Location of the activity:							
Cost of the activity:							
Departure date: Departure time: Departing from:							
Transport will be by:	☐ Walking ☐ Bu☐ Cycling ☐ Ca		Rail Ferry	☐ Canoe ☐ Aircraft ☐	Boat		
Return date: Return time: Returning to:							
Parents are welcome to visit on: between the hours of:		ā	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:	(note: this person is not doing the activity) or						
Items marked with an X are required information.							
To the Leader in Charge of the:							
I give approval for:	x						
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:	X Phone 1:() X Phone 2:()						
Please be aware that:	X Medication must be con X Special assistance may X There are special food Please list any special	be required of or other requi	due to a disa rements	bility	□Yes □No □Yes □No □Yes □No		
Our family doctor's contact info:	x		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:	x	Dat	e://	/			





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Need: Tick this column for items needed for this activity.	Packed	Tick the Packed column when it is put in the pack.	Need: Tick this column for items needed for this activity.	Packed
☐ Pack/kit bag (Circle one) ☐ Ground sheet ☐ Tent, poles and pegs ☐ Sleeping bag or bed roll ☐ Air bed or camp stretcher ☐ Torch and batteries ☐ Gas light / gas cooker ☐ Pot set (Pan and Pot) ☐ Cutlery set (Bowls/Utensils) ☐ Matches or lighter ☐ Waterproof raincoat ☐ Boots / gumboots / sneakers ☐ Full formal uniform ☐ Swimming gear ☐ Spare shirts ☐ Spare underwear ☐ Spare shorts or trousers ☐ Spare socks ☐ Personal first aid kit ☐ Medication if any	000 000 000 0000 00		□ Towel and face cloth □ Tea towel □ Toilet bag □ toothbrush □ toothpaste □ soap/body wash □ comb or hairbrush □ pegs for clothesline □ Warm jersey □ Thermals (tops and bottoms) □ Sun hat □ Sunscreen □ Emergency food (personal) □ Scroggin - energy food additional items:	
Activity Leader notes: ** Parents/Caregivers can provide more inf	ormation & s	pecial requirements:		

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