



Challenge 20 - County Camp

Friday 10th to Sunday 12th July 2020 at Bramham Park

Consent AND Permission Form for all aged under 18

- This form is to be completed by the Parent or Guardian of the young person named below..
- 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 ALL sections in BLOCK CAPITALS)

Group / Unit:	Section:	District/Division:
Surname:	Forename(s):	Date of Birth:

Parent / Guardian address and contact no. during the event	My child will be attending – please delete as applicable <input type="checkbox"/> Saturday day only <input type="checkbox"/> 1 night (Friday to Saturday only) <input type="checkbox"/> The full weekend
---	--

PHOTO / VIDEO

This is a largescale event (4000+). Young people attending the camp will be given opportunities to take part in a wide range of activities. These activities will be run and supervised in accordance with the Scout and Guide Association's rules and safety requirements. Please note that during the camp, photographs and video images of activities may be taken that could contain images of your child. Normally these will only be used for Scouting purposes. We would always seek your permission before using photographs for external promotional purposes. If this is not acceptable, please contact the camp organisers to discuss further.

SHOOTING CONSENT

Specific WRITTEN parental permission is needed before a young person can take part in this activity. If this written permission is not provided, then your son/daughter/charge will NOT be allowed to take part.

I, being the parent/guardian of the person named below, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for:

_____ (name of young person) to take part in **Air Rifle Shooting**

Please state if he/she has any disability or medical condition relevant to Air Rifle Shooting and may affect their ability:

Name of Parent/Guardian: _____ Relationship to young person: _____

Signature: _____ Date: _____

**** FURTHER INFORMATION REGARDING SHOOTING CONSENT IF REQUIRD CAN BE FOUND ON THE C20 WEBSITE****

CONSENT

My child has my permission to take part in the above-named event and take part in activities organised in accordance with the rules of the Scout and Guide Associations.

I understand that the camp fees are non-refundable, and the camp leader reserves the right to send any participant home if necessary.

Name of Parent/Guardian: _____ Relationship to young person: _____

Signature: _____ Date: _____