



PARENTAL CONSENT FORM – FENCING

PLEASE NOTE: Specific parental permission is needed before a young person can take Part in this activity.

Upper section to be complete by leader in charge of the activity
Lower section to be filled in by parent or guardian and returned to leader.

Name of section 15 SHURDINGTON CUBS

Proposed activity Fencing

Date 9 NOVEMBER Start Time 6.00 Finish Time 7.15

Cost £1.50 Cheque Payable to SHURDINGTON SCOUT GROUP

Is Transport Required? Yes/no

Additional Information LONG SLEEVE TOPS AND LONG TROUSERS MUST BE WORN

Home Contact and Telephone Number N/A AS ACTIVITY AT SCOUT HUT

Leader HELEN ARREBERG Signature _____ Date _____

If any additional information is required please do not hesitate to contact the leader of the activity.

Parent or Guardian's Consent

I have noted the arrangement and give permission for _____ (name)

to take part in FENCING (activity proposed) on 9 NOVEMBER

Please state if your son/daughter has a disability or condition which may be affected by this

activity _____

Please indicate details of any medical treatment they are receiving at the moment

I enclose a fee of _____

Contact Details

Name _____ Signature _____ Date _____