

# BrumVenture 2019

## 4th - 6th October 2019 - 12th Annual Activity Badge Weekend

This Form should be completed **IN CAPITAL LETTERS** and returned along with payment to: BrumVenture 2019, C/o 1 Wasperton Close Castle Bromwich B36 9DZ.

Please note that the initial closing date will be 22nd April 2019 and the first badge allocation will take place on or after 26th April 2019. After this time, places will be allocated on a first come, first served basis.

|               |               |   |   |   |   |   |   |                 |
|---------------|---------------|---|---|---|---|---|---|-----------------|
| Name of Scout | Date of Birth | D | D | M | M | Y | Y | Age on 04/10/19 |
|---------------|---------------|---|---|---|---|---|---|-----------------|

|          |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|
| Address  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |

|                                       |   |   |           |
|---------------------------------------|---|---|-----------|
| Gender (please circle as appropriate) | M | F | Telephone |
|---------------------------------------|---|---|-----------|

|                 |
|-----------------|
| Email (Parents) |
|-----------------|

|             |                        |             |  |            |  |          |  |          |  |          |  |             |  |
|-------------|------------------------|-------------|--|------------|--|----------|--|----------|--|----------|--|-------------|--|
| Scout Group | District (please tick) | Cole Valley |  | Rea Valley |  | Spitfire |  | Sutton E |  | Sutton W |  | Tame Valley |  |
|-------------|------------------------|-------------|--|------------|--|----------|--|----------|--|----------|--|-------------|--|

|   |               |
|---|---------------|
| <b>Leader Details: Please confirm contact details for your leader</b> | Leaders Name  |
| Leaders Telephone Number  | Group Details |
| Leaders Email   |               |

|  |  |
|--|--|
| <b>Scouts Medical Details and Consent to be completed by parent/guardian</b> | Date of Scouts Last Tetanus Immunisation |
| Details of any medications currently being taken                             |  |

|  |  |
|--|--|
| Details of any dietary needs (inc vegetarians), disabilities, conditions, allergies, special needs or cultural needs that might affect this activity (continue on separate sheet if necessary) |  |
|--|--|

|                 |                          |
|-----------------|--------------------------|
| Doctors Name    | Doctors Telephone Number |
| Doctors Address |                          |

|   |  |
|---|--|
| During the event I can be contacted in an emergency at (Please include your name) |  |
| Emergency Address   |  |

|                          |                                 |
|--------------------------|---------------------------------|
| Emergency Contact Number | Emergency Contact Mobile Number |
|--------------------------|---------------------------------|

|  |  |
|--|--|
| 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. |  |
|--|--|

**Note:** The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus, medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the statement above. At the same time, it can be a comfort to the medical staff to have general consent in advance from the parents or to have a Leader on hand able to sign forms required by the medical Authorities.

|  |  |
|--|--|
| I have noted the arrangements for BrumVenture and agree to my son/daughter taking part. My son/daughter will attend the BrumVenture Launch meeting on Wednesday 11th September. I consent to the information provided being held by The Scout Association County of Birmingham in the provision of this event. | I enclose a cheque/cash for £48.00 (please make cheques payable to "The Scout Association County of Birmingham") |
|--|--|

|                         |                           |            |      |
|-------------------------|---------------------------|------------|------|
| Parent/Guardian Consent | Parent/Guardian Signature | Print Name | Date |
|-------------------------|---------------------------|------------|------|

We ask that parents' consent to the Scout Association taking and using photographs, images and other publicity material of their children subject to strict confidentiality of personal information. Please be assured that your child will not be identified by full name or Scout Group. Please note, by not signing below we will not use any image of your child.

**I consent to photographs and digital images of the child named above, appearing in printed publications, websites, video and social media. I understand that the images will be used for Scouting purposes only and the identity of my child will be protected.**

|                         |                           |            |      |
|-------------------------|---------------------------|------------|------|
| Parent/Guardian Consent | Parent/Guardian Signature | Print Name | Date |
|-------------------------|---------------------------|------------|------|

|   |                       |                                     |                                    |
|---|-----------------------|-------------------------------------|------------------------------------|
| Angler – 12 years old on 04/10/19 & have fished on 1 previous occasion. | Communicator          | Foresters                           | Master at Arms - Archery           |
| D.I.Y/Electronics   | Craft                 | Mechanic                            | Master at Arms - Tomahawk Throwing |
| Chef  | Cyclist               | Master at Arms - Air Rifle Shooting | Pioneering                         |
|   | Emergency Aid Stage 4 |                                     | Photographer                       |

Please indicate which badge course you would prefer to attend by ranking each badge from 1 to 14 (1 being your first choice and 14 your last). If you already have one of the badges, please indicate this by putting an **X** in the space provided. Please note: Depending on when your application is received and the outcome of the independent ballot, you may not get a place on your 1st choice badge course.