



EVENT / COURSE APPLICATION FORM

Please complete and return to: at

** Delete as required.



Event Title Event Dates

Surname (print) Forename(s)

Address

Postcode Phone No. 0

Email

District Group Position

Date of Birth / / Age (if under 18)

I have the following Medical Conditions or Requirements:

Next of Kin Relationship to Applicant

Their telephone number during the event 0

Relevant boating experience (years, hours, boats, qualifications, course, etc.):

Details, if able to supply Boat. (type, size, engine, etc.)

** I can / can not swim at least 50 metres in light clothing.

** I enclose Deposit / Event Fees of £ (Cheques made payable to Kent County Scout Council) I understand that in the event of my being unable to attend the course, I will still be liable for the fee. Note: Any surplus or deficit relating to the event will be put to or taken from County General Funds.

Signed (Applicant) Date / /

PARENT'S OR GUARDIAN'S CONSENT (for those under 18)

** I am willing to allow my son / daughter / ward (print name) to attend the event as described above.

** I am happy for photographs of my son / daughter / ward to be used in Scout Association publicity or publications.

I give permission for any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed Parent / Guardian. Name

Date / /