**Calypso Cove Waterpark Visit**

**Tuesday 24th April 2018**

Dear Cub Parents,

The Bella Vista and Alegre Leader Team have planned a joint evening of swimming and fun at Calypso Cove Waterpark situated in the Metrodome Leisure Complex, Queen’s Road, Barnsley, S71 1AN.

Bella Vista Parents: please note the change of evening for this week to the Tuesday.

**You** will be responsible for transporting your cub to and from the event. You will need to arrive at 18:15 prompt, no earlier. We are booked in to use the pool and waterslides between 18:30-20:00. Can you make sure you are there ready and waiting for once your cub is changed and ensure you check out so we know the cub has left with you as the pool will still be open to the public that evening.

To book your cub on to this energetic fun filled evening please return the tear off slip below with the entrance fee of £6.50 to your cubs section leader. Alternatively, you can email me direct to book on and pay by bank transfer, details are available upon request. Please make cheques payable to ‘Bella Vista Cubs’.

Shauna

Tel: 07720839861

Email: shauna@penistonescoutgroup.org.uk

I wish to book a place for son/daughter on the Calypso Cove visit on the evening of Tuesday 24th April 2018 and have enclosed £6.50 entrance fee

Signed: .

Date: .

|  |  |
| --- | --- |
| Full Name: | Date of Birth: |
|  | Religion: |
| Address:Telephone No (incl. code): (01 ) |
| Emergency Contact Name: | Relationship: |
| Emergency Contact Address (during event):Full Telephone No (incl. code):  |
| ***PERMISSION TO TAKE PART*** (To be completed by parent/guardian) |
| I hereby agree to my son/daughter taking part in visiting Calypso Cove Waterpark on Tuesday 24th April 2018 | **Signature:** **Dated:**  |
| ***MEDICAL INFORMATION*** (To be completed by parent/guardian) |
| Doctors Name: |
| Doctors Address:Telephone No (day) (Incl. code): (01 ) Telephone No (night) (Incl. code): (01 ) |
| HEALTH INFORMATION (It is important to complete this as fully as possible – continue overleaf) |
| \* delete as necessary | **Give details to “YES” answer**. |
| Are there any medical or health reasons why he/she should not take part in the activity? | \*NO/YES |  |
| Has he/she been in contact with any infectious illness in the last 3 weeks? **(Please inform us of this on the date of departure)** | \*NO/YES |  |
| Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS, FAINTS, EPILEPSY, DIABETES, or any other ILLNESS or DISABILITY? | \*NO/YES |  |
| Is he/she taking any form of regular medication? | \*NO/YES |  |
| Does he/she suffer from TRAVEL SICKNESS | \*NO/YES |  |
| Is he/she allergic to ANTIBIOTICS, PLASTERS or any other MEDICINES or FOOD? | \*NO/YES |  |
| Are there any SPECIAL or DIETARY needs? | \*NO/YES |  |
| Date of his/her last ANTI-TETANUS injection (if known). |  |
| Should the necessity arise, and I cannot be contacted by telephone or any other practical means to authorise urgent medical treatment to the above named, I hereby give my general consent to the Scouter in charge to authorise the medical authorities to give any necessary medical treatment. | **Signature:** **Dated:** |
| ***DATA PROTECTION*** (To be completed by parent/guardian) |
| I understand that all details including disabilities / religion of the above named will be kept for Scouting purposes only, and that photographs and video may be taken and used for Scouting promotional activities. | **Signature:****Dated:** |