**Alegre Cubs - Bowling Evening**

**Tuesday 13th March 2018**

Dear Cub parents,

On Tuesday 13th March Alegre cubs will be bowling. Please see below details of the event:

**Where:** Metrodome Bowling, The Metrodome Leisure Complex, Queens Rd, Barnsley S71 1AN

**When:** Please meet at Barnsley Metrodome at **6.20 pm** - we need to register by 6.30 pm in order to eat prior to bowling. Your cub will need to be collected from the Metrodome at 8.00 pm.

**Cost:**  NO COST FOR THIS EVENT

**PLEASE select from the menu below**

As we will be eating before we bowl – please email me your child’s menu choice by the 7th March or let us know at the end of a Cub meeting.

Cheeseburger and chips

Chicken nuggets and chips

Fish fingers and chips

5” cheese and tomato pizza

If you have any questions/concerns regarding the trip please do not hesitate to contact one of the leader team. Please complete the consent form and hand to one of the leader team prior to this event.

**Unfortunately we will not be able to add places after the 7th of March Deadline.**

**CUBS WILL NEED TO ATTEND IN FULL UNIFORM PLEASE. WE WILL BE INVESTING NEW CUBS AT THIS EVENT.**

On behalf of the Cub Leader Team,

Susie Roach
E: susie@penistonescoutgroup.org.uk

CONSENT AND HEALTH INFORMATION FORM

|  |  |
| --- | --- |
| 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 Bowing @ The Metrodome March 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 day)** | \*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). |  |
| Any other information we should be aware of? |  |
| 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:** |

*THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THE ACTIVITY*