



Activity Information and Parental Permission Form

**St Andrews Rowallan Pack
at Gt Barford Camp site
June 16th and June 23rd 2009**

Activity: Air Rifle Shooting / Boating / Canoeing

Parent /Guardians consent

I, being the Parent or Guardian of the person named below, declare that he is not subject to restriction by virtue of Section 21 of the firearms act 1968 (which applies to persons who have served term of imprisonment or youth custody) and give my permission for:-

_____ (name of person)

to take part in:- **Air Rifle Shooting**

Please state if he has a disability or medical condition relevant to this activity:

Please give details of any medical treatment that they are receiving at this moment:

I understand that the activities to be undertaken include Boating / Canoeing and that all activities will be run by qualified instructors.

I confirm that my son **Can / Cannot** Swim 50m. (Please delete as appropriate).

Name _____

Signature _____

Relationship _____ (to the above named person)

Date _____

Emergency Contact number _____