



CONSENT FORM

I hereby give permission for my son / daughter* _____ (name) to participate in canoeing activities under the guidance of instructors approved by the Royal Kingston district of the Scout Association.

I can also confirm that my son / daughter* is a member of the scout association attending the _____ Scout group, and can swim 50 metres in light clothing / is confident in water.

*(Please delete as appropriate)

I also approve / do not approve * of photographs of my son/daughter* being used for promotional material such as brochures/websites. *(Please delete as appropriate)

I would like the Leaders / Instructors of the club to be aware of the following medical conditions that may affect my son / daughter whilst participating in water activities. (ie; asthma, epilepsy, nut/sting allergies)

In the unlikely event of an accident or other emergency please contact:

Name
Address
Postcode
Telephone Number(s)
Signed (Parent / Guardian)



Designed for your printer

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