



# Information and consent: one day activity

COMPLETE IN BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED\* ITEMS AS APPROPRIATE.

## RACE FOR LIFE

THIS PART TO BE KEPT BY PARENT/GUARDIAN

Please return the lower section of this form, completed and signed, to the Guider by 8th June 2011 (date).

Name of \* Pack 3rd Keyworth Brownies

Proposed activity Race for Life for Nottingham Cancer charities.

The annual event for Breast Cancer research is raising money for local charities and we will walk/run/skip round the lake to raise funds. We will be donating as a unit so sponsorship is not needed.

On 22nd June 2011 (date)

At Holme Pierpont (Blue seats by the boating lake) (place)

Start time 6:45 \* pm

Finish time 7:30 \* pm

Cost None

Cheques payable to -

Transport required? \* Yes

Additional information The girls suggested that we did the event in fancy dress and thought a 'pink' theme would be best, along with suggestions of faeries and princesses, anything goes, whatever they're comfortable in! Please can you arrange transport as we can't use the minibus that week.

Thanks

Signed

Guider Leanne Hughes Date 24 May 2011

### PARENT OR GUARDIAN'S CONSENT

This section should be returned to the Guider on or before (date).

I have noted the arrangements and I give permission for my \*daughter/ward (name) to take part in (proposed activity).

Please state if your \*daughter/ward has a disability or condition that might be affected by this activity.

Please indicate if she has any faith or cultural needs e.g. dress, diet, toilet arrangements.

Please indicate details of any medical treatment she is having at the moment.

+ Complete if applicable:

+ I can provide transport for girls \*YES/NO

+ I enclose fee of

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

In an emergency you should contact the following person:

Surname

First names

Relationship

Address

Postcode

☞ daytime ☞ evening

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

Signed

\*Parent/guardian Date



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