

# St George's Activity Day.

22nd April 2018

£3.50

Gelliswick Bay, Hakin, SA73 3RS

830 Arrival

1630 Collection.

Every year as Scouts we get together to celebrate St George, Patron Saint of Scouting. Like last year we are moving away from a traditional church service to an activity day.

Last year's event was great and we had a good turn out. All those who attended had a great time in the outdoors and used the chance to renew their promises.

This year we have decided to host it in Gelliswick Bay, Hakin, home to 2nd Milford Haven Sea Scouts. Being a Sea Scout group we wanted to share our love of the water but also have the land activities. As Saint George was chosen by Baden Powell to be the Patron Saint of Scouting for his courage, it's only fitting that we have moved away from sitting in a building talking about bravery, to going out and facing something adventurous for ourselves.

## Activities Planned for the Day:-

Kayaking	Pat Ponies	Fire Lighting	Blind Trail
Canoeing	Grass Sledging	Pioneering	
Sailing	Archery	Shelter Building	
Raft Building	Rifles	Paracord Making	
Coricles	Crossbows	Axe Throwing	

All Ages will experience 2 water activities run by Qualified Leaders, Land sports there are a few with age restrictions which will be noted- Once all young people are booked in we can put together a timetable for the day-

**NUMBERS ARE NEEDED SO WE CAN ALLOCATE APPROPRIATE LEADERS TO ACTIVITIES, ACQUIRE THE CORRECT AMOUNT OF EQUIPMENT TO FACILITATE.**

## Kit List

Warm Clothes- T-shirt, Jumper, Trousers-NO JEANS, Trainers

Clothes for on the water- Can be wetsuit, or clothes whichever you have. Water shoes or old trainers

Towel

Waterproof trousers and jacket

Suncream,

Hat

Full Uniform on Arrival and Departure.

Packed Lunch

PLEASE MAKE SURE ALL KIT IS LABELED WITH CHILD AND GROUP NAME

Parking Points.

- A) Opposite Gelliswick Church in wales VC School- Car park or street parking
- B) Picton Road- Street parking- Path entrance by Hakin Infants School.
- C) Parking along Gelliswick Bay for leaders helping on day
- D) Outside scout hall for anyone with mobility.

**Please lift share where possible.**

# Activity Information Form



## St Georges Activity Day

**Event:** St Georges Activity Day **Date:** 22 April 2018

**Location:** Gelliswick Bay

**Meeting place and time:** 2<sup>nd</sup> Milford Haven Sea Scouts Hut-0830

**Collection place and time:** 2<sup>nd</sup> Milford Haven Sea Scouts Hut-

**Cost:** £3.50

**Transport details:** Limited Parking- Please refer to map and letter

**Wear / Bring:** Please refer to attached letter

**Organiser and contact details:** Natalie Waters-Booth 07999654759

**Contact details during the event:** Linda Wilson Area Commisioner- 07855680263  
Natalie Waters-Booth Area Activities- 07999654759

*Please keep this section for your own information, and detach and return the section below.*

**Note:** All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section to \_\_\_\_\_ by \_\_\_\_\_

**Name of young person:** \_\_\_\_\_ **D.o.B:** \_\_\_\_\_

**Event:** \_\_\_\_\_

*I enclose a cheque / cash for £ \_\_\_\_\_ (please makes cheques payable to \_\_\_\_\_ )*  
*I have noted the arrangements above and agree to the named young person taking part.*

**Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? Yes / No**

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Doctor's name and contact details:** \_\_\_\_\_ **Details of any medications currently being taken:** \_\_\_\_\_

**Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:** \_\_\_\_\_ **Details of any infectious diseases he/she has been in contact with in the last three weeks:** \_\_\_\_\_

*If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to young person:** \_\_\_\_\_

*Please use the back of this form if more space is required*

**Note:** The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.



### Activity Information and Parental Permission Form – Shooting



Written parental permission is needed before a young person can take part in this activity

Upper section to be completed by Leader.

Lower section to be filled in by parent or guardian and returned to Leader.

Name of Unit or Section:

\_\_\_\_\_

**Activity Information:** *(please tick the appropriate box)*

- Air rifle shooting
- Air pistol shooting
- Other *(please specify):* \_\_\_\_\_
- Clay pigeon shooting
- Shotguns on a range
- Rifle shooting
- Laser clay shooting

Date or period \_\_\_\_\_

**Administrative Information:**

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Place: \_\_\_\_\_ Is transport provided? YES/NO

Cost \_\_\_\_\_ Cheque payable to \_\_\_\_\_

Additional information

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact telephone No. \_\_\_\_\_

Leader: \_\_\_\_\_ Contact details: \_\_\_\_\_

If any additional information is required please do not hesitate to contact the Leader of the activity.

**Parent or Guardian's consent**

I, being the parent/guardian of the person named below, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for:

\_\_\_\_\_ (name of young person) to take part in

\_\_\_\_\_ (proposed activity)

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

\_\_\_\_\_

Please indicate details of any medical treatment they are receiving at the moment:

\_\_\_\_\_

I am *able/unable* to provide transport *(delete as appropriate)*

I enclose a fee of \_\_\_\_\_

Contact details in the event of an emergency: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Extracts from the Firearms Act 1968**

### **'Section 21'**

- (1) A person who has been sentenced (to custody for life or) to preventive detention, or to imprisonment or to corrective training for a term of three years or more (or to youth custody (or detention in a young offender institution) for such a term), or who has been sentenced to be detained for such a term in a young offenders institution in Scotland, shall not at any time have a firearm or ammunition in his possession.
  
- (2) A person who has been sentenced ..... to imprisonment for a term of three months or more but less than three years ( or to youth custody ( or detention in a young offender institution) for such a term), or who has been sentenced to be detained for such a term in a detention centre or in a young offenders institution In Scotland, shall not at any time before the expiration of the period of five years from the date of his release have a firearm or ammunition in his possession.

### **This means:**

Section 21 prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as AIRGUNS or shot cartridges for which a certificate is not needed.

A sentence of 3 months to 3 years attracts a 5 year prohibition, shorter ones no prohibition but a longer one means a life ban.