



DORSET COUNTY SCOUTS

DESTINATION DUBROVNIK



Details of Young Person

First Name		Surname		Date of Birth	
Address				Town	
County		Post code		Nationality	
Email				Phone no.	
District		Group		Section	

Next of Kin

Name		Surname		Contact Tel	
Relationship to young person					
Address (if different from above.)					

Personal Information

Doctor's Name & Contact details	
Details of any Medical conditions, disabilities, allergies or cultural needs.	
Details of any Special dietary requirements.	

Data Protection Act

Information given on this form will not be entered onto a computer unless required by Administrators. This form will be kept in a secure place and destroyed after the trip,

Parent/Carer Declaration

Young person can swim 50 metres & tread water for 5 minutes	Yes	No
Young person can be photographed	Yes	No

I have read the Data Protection statement above and hereby give my consent for the above named young person to travel to Croatia with Dorset Scouts between 29th July & 11th August 2019

If it becomes necessary for the above named young person to receive medical attention and I can not 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.

Signature	Print Name
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Payment Advice

I enclose a deposit of £100 and agree to pay the staged payments as detailed. Payments of £180 every 4 months & balance being paid by 30 June 2019

Signature

Please make cheques payable to; **DORSET COUNTY SCOUTS**

All forms should be returned to; County Office, Buddens Scout Centre, Puddletown Road, Wareham, Dorset, BH20 7NU by **30th January 2018**

Places are limited and are issued on a first come basis. Book early to avoid disappointment.