

**Dorset Explorer Scouts for Hafod
(Terrain 2 Experience weekend in North Wales)
23rd to 25th March 2018**

Information

Camp/ Activities will be based at: Hafod Mountain Centre, Nant Ffracon Valley, Snowdonia, North Wales.

O.S. Sheet: Outdoor Leisure 17, 644604.

We meet at: Hafod Mountain Centre on the Friday evening. Transport arrangements and pick-up points will be organised by local leaders, unless no leaders from the District are attending, in which case contact the Expedition Leader (see below).

Cost: The costs below are based on a maximum of 30 persons on a first come basis. Leaders will arrange transport for themselves and their Explorer Scouts, receiving reimbursement of **£35** per Explorer Scout transported, unless bookings are such that we decide to arrange a minibus.

Explorer Scouts: **£75** including transport, accommodation, food, electricity etc.

Leaders: **£36** for accommodation, food, electricity, etc.

Other information about the event/activities:

Come in outdoor clothing; bring spare clothing/trainers, good waterproofs and fleece, hike boots, woolly hat, gloves, scarf, sleeping bag/mat. Wash kit/towel.

You will also need a day sac containing 3 packed lunches and survival rations, water bottle (full), survival bag, whistle, torch (plus spare batteries), compass, and a set of spare clothing in a waterproof bag.

We will be sleeping in a bunkhouse (Yr Hafod). We will be hill/mountain walking - this event is only suitable for Explorer Scouts who are fit and capable of walking in a mountainous area.

Food:

Saturday breakfast = cereals/bacon, sausages, beans/vegetarian option

Saturday lunch = **bring own packed lunch**

Saturday evening meal = shepherds/cottage pie or similar/vegetarian option

Sunday breakfast = cereals/bacon, sausages, beans/vegetarian option

Sundaylunch = **bring own packed lunch**

Please note: this is a mountainous activity in possible winter conditions and all activities are subject to the weather.

Activities include: hill walking, navigation, possible orienteering event and/or team activity. Visit to Plas Y Brenin Outdoor Centre for a film show on Saturday.

The (Qualified) Expedition Leaders will be: Phil Allen 01258 45309, Neil Gillard 01963 363816 or Rob Young 01258 480948

The Home Contact is: Andy Young (ACC Land Activities)7 Cherry Hill Grove, Poole BH16 5LP. **01202 771760/07816 950230**

All activities will be run in accordance with the Scout Association safety rules. NO responsibility for personal equipment, clothing and effects can be accepted by the camp organisers and the Scout Association DOES NOT provide automatic insurance in respect of such items. Please contact the CampLeader if you want any further information, and return the form below with payment as soon as possible.

Leader's Signature: *Richard Timbrell*
Tel: 01308 423025 / 079689 46142

Date: 08/11/17

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BOOKING

To Parents/Guardians and Leaders: Bookings are on a first come first served basis. In order to secure a place, please return the attached form (first one is for Explorers, second is for leaders), completed and signed with payment for the full amount.

Online booking and payment

This is the preferred method. Forms should be completed in Word or PDF format and emailed to:

countyoffice@dorsetscouts.org.uk

Online payment should be made to:

Account name: **Dorset Scouts**

Bank: **Barclays**

Sort code: **20-11-39**

Account number: **30175242**

The payee reference should be Hafod and the surname of the Scout/Leader.

Payment by cheque

Forms and cheques should be sent to:

Dorset County Scout Council – Land Activities Booking

County Office

Buddens Scout Centre

Puddletown Road

Wareham

Dorset

BH20 7NU

01929 472374

Cheques should be made payable to: Dorset County Scouts

Monies (in full) and booking forms must be received by **28th February 2018**. The event is organised on a first come first served basis – so the sooner forms are received the better the chances of getting a place. If paying by cheque, please allow plenty of time for it to get to County Office – post can often take several weeks to arrive.

Please note:

If you drop out 2 weeks before, 50% will be refunded

If 1 week before, no monies will be refunded.

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APPLICATION AND ACKNOWLEDGEMENT OF RISK FORM FOR EXPLORERS ATTENDING

Personal Information – this section is to be filled in by the parent/guardian of the named Explorer Scout.

I give permission for _____ (name) _____ (date of birth) to attend the activity at Hafod, N. Wales from 29th April to 2nd May 2016 and the following information is provided for the benefit of the Camp Leaders.

If my child has been in contact with any **infectious diseases** within three weeks prior to the event I agree to notify you.

Medicines currently being taken

Does he/she have any **special needs/dietary needs**? _____

Additional information the Camp Leaders should have

During the event I can be **contacted in an emergency** at

Telephone Numbers _____

I understand that the Camp Leaders reserve the right to send any participants home if necessary. I am also aware that mountain walking contains hazards which may present the risk of personal injury, and understand that while all Adventurous Activities will be run in accordance with the Scout Association safety rules, NO responsibility for personal equipment, clothing and effects can be accepted by the camp organisers and the Scout Association DOES NOT provide automatic insurance in respect of such items.

Signature (parent/guardian) _____ **Date:** _____

If it becomes necessary for _____ (name) NHS Number _____ to receive medical treatment and I cannot be contacted by telephone or any other means to authorize this, I hereby give my general consent to any necessary medical treatment and authorize the Scouter in charge to sign any document required by the hospital authorities.

Signature: _____ **Date:** _____

Your e-mail address: _____

Scouting Group and/or District: _____

Scouting Leader: _____

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**APPLICATION AND ACKNOWLEDGEMENT OF RISK FORM FOR LEADERS
ATTENDING**

Name: _____ Age: _____

Address: _____

Post Code: _____

Phone No: _____

E-mail Address: _____

Mobile No: _____

Medical Info (allergies, medicines etc): _____

Special Dietary Info: _____

Group: _____ District: _____ Appointment: _____

Your Emergency Contact

Name: _____

Phone Numbers (home and mobile) _____

Acknowledgement of risk statement

I am aware that mountain walking contains hazards which may present me with the risk of personal injury. I have read and understand The Scout Association's factsheet Adult Groups in Adventurous Activities.

Signed: _____ Date: _____