

C3 – PERMISSION TO PARTICIPATE IN BOATING, HIKING AND/OR SPECIAL ACTIVITIES - APPLICATION FORM

This form is to be sent to the Regional Outdoor Activities Advisor at least one month before the proposed activity.



PART 1 -GUIDER-IN-CHARGE							
Name and Surname					ID number		
Address							
Contact telephone number							
PART 2 - THE ACTIVITY							
BOATING (tick appropriate blocks)		Canoeing	Rowing	Sailing	Power Boat	Board Sailing	Waveski
Date of activity:		Venue & address of activity:					
HIKING (tick block and fill in distance)		Walk/Hike (under 5 hours)	Day Hike (over 5 hours)	Overnight Hike	Distance		
Date of activity		Venue & address of activity					
SPECIALIST ACTIVITIES (tick appropriate blocks)		Abseiling	Mountaineering	Rock Climbing	Caving		
		Potholing	Parasailing	Paragliding	Scuba diving		
Date of activity:		Venue & address of activity:					
PART 3 - NAME(S) OF PERSON(S) WITH BOATING QUALIFICATION / HIKING QUALIFICATION / SPECIALIST QUALIFICATION OR BONE FIDE COURSE OPERATOR							
Name:			Name:				
Address:			Address:				
Contact telephone number:			Contact telephone number:				
Qualification:			Date:		Qualification:		
PART 4 - PERSONS PARTICIPATING IN THE ACTIVITY							
Number of Guides:		Number of Rangers:		Number of Guiders:			
Name(s) of Unit(s):							
DETAILS OF GUIDERS/ADULT HELPERS (other than Guider-in-Charge and persons mentioned above)							
<i>NAME</i>		<i>UNIT</i>		<i>DUTIES AT ACTIVITY</i>		<i>QUALIFICATION</i>	
PART 5 - COMPLETE THE FOLLOWING DETAILS IF SWIMMING /BOATING ACTIVITIES WILL TAKE PLACE							
Name of Lifesaver:				Age if under 21:			
Qualification:				Date of Qualification:			
PART 6 - DETAILS OF PERSON NEAREST TO ACTIVITY WHO WILL ACCEPT EMERGENCY CALLS							
Name				Tel/Cell number			
TO BE SIGNED BY THE GUIDER-IN-CHARGE I have read and accept the Safety Rules for Camping and know about the Insurance Policy for all uniformed members of the Organisation				TO BE SIGNED BY THE APPROPRIATE COMMISSIONER I recommend that approval be given for the activity, as stated.			
SIGNATURE:.				Name and surname:			
				SIGNATURE:			
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PART 7 - PERMISSION (to be completed by the Guider-in-Charge before submitting the application)							
Guider-in-Charge:							
Name(s) of Unit(s) participating in activity:							
Venue & address of activity:							
Date of activity:							
Details of nearest doctor or hospital:				Name:			
Telephone number:				Address:			
PERMISSION IS HEREBY GIVEN FOR THE ACTIVITY AS DESCRIBED ABOVE							
Name and surname of Regional Outdoor Activities Advisor					SIGNATURE:		