Day events and activities –

information and consent

**Leaders: complete this page and give to parents and carers to keep**

|  |  |  |  |
| --- | --- | --- | --- |
| Please return this form to | swgcanoeing@gmail.com | by | ASAP |

**Name of event(s) or activity(ies)**

You can use this form for multiple activites

|  |
| --- |
| Paddle Discover Award ( Thursday) 6.15 pm - 8.30 pm  Southwater Country Park Lake, Cripplegate Lane, Southwater, RH13 9HN  This is an 8 week course. Dates 8th ,15th, 22nd May 5th, 12th, 19th , 26th June, 3rd July 2025. The cost will be £87. This includes the cost of BCU Certificates. |

**Details for the event(s), including activity(ies)**

Include location(s), start/end date(s) and time(s), travel and transport information, cost(s), types of activity(ies) and if any special clothing or equipment is needed.

|  |
| --- |
| The above course starts at 6.15pm, with the aim of being on the water by 6.30pm and finishing at 8.30pm (unless instructor organises an earlier time). Please be prompt as it takes 15 minutes for you to get boats etc. out and buoyancy aids etc on. All sessions will be run by volunteer BCU qualified coaches.  Additional information: You will need to wear a wet suit or fleece jumper and track suit trousers (not jeans). A waterproof jacket and old trainers/river shoes must also be worn. Do not wear shoes which will come off in the water. If the weather is very hot you may be able to wear a t-shirt and shorts, but you must check with your instructor before getting on the water. It is essential you still always bring your waterproof jacket, as the weather can get cold very quickly. You will get wet so bring a change of clothes to go home in and a towel. Please bring a drink and snack each week.  If you wish to apply for a place on the course please email this form to swgcanoeing@gmail.com as soon as possible. The money and forms need to be sent together to secure a place. If a place is unavailable the money will be refunded. Please pay via BACS (preferred method) using your child's name and "Discover" as a reference. Details: 1st Sussex Central Canoe Unit, Account no. 67012914 Sort code 60-11-17 Alternatively send a cheque for £87 payable to 1st Sussex Central Canoe Unit to: J Mitchell, The Anchorage, Lower Station Road, Henfield, West Sussex, BN5 9UG, again using your child's name and the "Discover" as a reference.  Your place will be confirmed before the course starts.  If you have any questions please email Julie at swgcanoeing@gmail.com If posting your forms please write a contact email address on them. |

**This is a large-scale event** (where over 100 participants are present)

Please tell your unit leader if you **DO NOT** wish photos or videos of your child to be taken at this event.

As far as possible the event organiser will make sure that your child doesn’t appear in any images, but this can’t be guaranteed.

**Parents and carers: complete and return this page**

You can fill it in and return it electronically.

|  |  |  |
| --- | --- | --- |
| Participant’s full name |  | |
| Age at start of event |  | |
| If the event includes water activities, is the participant confident in this type of water? | | Yes  No |
| If the event includes water activities, can the participant swim 50 metres? | | Yes  No |
| Does the participant have any illnesses, disabilities, pre-existing conditions, allergies or medications that are relevant to the activity or event? Is there anything we can do to help make the activity or event accessible for the participant (for example, dietary requirements, prayer space)? | | |
| Parent email address: | | |

**Note:** There will always be at least one person at every unit meeting, activity or event with a valid first aid qualification. If you have any questions or concerns about this, please speak to the unit leader. Please label any medication with your child’s name and provide clear instructions for its use. If applicable, ensure that a spare, clearly labelled inhaler or EpiPen is brought to the event to be held by the first aider.

**Emergency contacts**

Please give details of two people who will always be contactable during the event/activity. Think about phone signal and their distance from the event/activity location.

**Emergency contact 1 Emergency contact 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Phone number(s) |  | Phone number(s) |  |
| Address |  | Address |  |
| How do they know the participant? |  | How do they know the participant? |  |

**Consent**

|  |  |  |
| --- | --- | --- |
| I give permission for my child to take part in |  | (event/activity). |

I give permission to the medication listed on this form to be administered (if applicable).

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/carer\* name |  | Date |  |

\*Where the term parent/carer is used, this refers to the adult that has legal responsibility for this child.

**What will you do with my data?**

It’s simple. We need the information that you share with us to run our exciting activities and to satisfy our legal responsibilities. We’ll keep it safe for as long as your child is an active member.

We promise we’ll only share your information if:

* you ask us to
* the law requires us
* in order to comply with our policies so your child can enjoy an activity safely
* it’s in the public interest

Don’t worry – we’ll never sell your data or share it for any other reason.

Girlguiding is the registered data controller\* for all our members’ personal information, both in the UK and around the world.

Want to find out more about how we use your information – and your rights?

Visit [www.girlguiding.org.uk/privacy-notice/](http://www.girlguiding.org.uk/privacy-notice/)

\*The organisation that manages and looks after your data