



34th Chesterfield (Brimington) Scout Group

www.brimingtonscouts.org.uk

Group Scout Leader: Rachael Brown – 0740314352 gsl@brimingtonscouts.org.uk



Cub Leader: Akela (Simon Turner) – 07565061583 simonturner@gmail.com

Cub Summer 2015 Programme (Provisional)

There are still a few activities which need confirming and dates on this programme are subject to change. Updates and further information can be found on the Cub area of the Group' s website: brimingtonscouts.org.uk/wp/cubs-2/

Date	Activity	Location
Friday 17 th April	Fires	Church Hall
Friday 24 th April	Canoeing	Walton Dam
Friday 26 th April	St George' s Day Parade	Crooked Spire
Friday 1 st May	Map & Compass	Church Hall
Friday 8 th May	Map & Compass	Church Hall
Friday 15 th May	Hike	Start & end at Church Hall
Friday 22 nd May	Camp Skills	Church Hall
Friday 29 th May	Half Term – No Meeting	
Friday 5 th June	Outdoor Cooking	Church Hall
Friday 12 th June	Outdoor Activities	Spite Winter
12 th – 14 th June	Group Family Camp	Spite Winter
Sunday 14 th June	Church Service	St Michael' s Brimington
Friday 19 th June	Cycle Proficiency	Church Hall
Friday 26 th June	Bike Ride	TBC
Friday 3 rd July	Climbing Wall	Church Hall
Friday 10 th July	Orienteering	TBC
Friday 17 th July	Group Celebration Night	Church Hall
Friday 24 th July	Pioneering Water Fight	Church Hall

Please return the activity information form attached by Friday 24th April – your child will need this in order to take part in activities away from the Church Hall



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Activity Information Form - Cubs Summer Term 2015

Name of Child: _____

Please tick to indicate which activities away from the Hall your child will be taking part in:

- Canoeing Friday 24th April
- St George's Day Parade in Town Sunday 26th April
- Church Service at Brimington Sunday 26th April
- Hike Friday 15th May
- Outdoor Activities at Spite Winter Friday 12th June
- Church Service at Brimington Sunday 14th June
- Bike Ride Friday 26th June
- Orienteering Friday 10th July

Can he/she swim 50m unaided? Yes No

Emergency contact name and contact details for meetings, events and trips – please let the Section leader know if these change	
Details of any disabilities, conditions, allergies, special needs or cultural needs	
Details of any medications currently being taken	

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: _____