

Chigwalk & Rainbow Beaver Ramble

Sunday 10th May 2009



Any time between 1pm and 5pm
At Chigwell Row Campsite, Oaklands F

Complete a number of laps by walking around the campsite or by completing an activity challenge instead of a lap. You must walk at least one lap between activities. There will be a special shorter route for Rainbows and Beavers. There may be age restrictions for younger children on some activities but there will be other activities to do instead.

Only people with sponsor forms will be allowed to take part in this event. You should bring your sponsor form along to registration on the day along with the completed form below.

Each person taking part must raise at least £5 for Chigwell Row.
This can be in the form of sponsors or a donation and is payable on the day.

You can get as many sponsors as you wish. Half the money you raise will help the campsite and the rest of the money you can either donate to the campsite or put towards your Group funds or international trip or group charity appeal.

Make sure you tell your Leader that you are going to take part in this event. They do not have to come along with you. You can come with a Guiding or Scouting friend or with your parents or other adult.
(All Rainbows/Beavers must be accompanied by their Leader or an adult)

If you need more information please contact Yvonne Scott 020 8500 2450 or email warden@chigwellrow.org.uk

Please bring this section with you on the day

I have noted the arrangements and give permission for(name).
To take part in Chigwalk / Rainbow Beaver Ramble. Which may include some of the following activities:
Climbing/Abseil/Crate Challenge/ Archery/Grass Sledges/Pedal Gokarts/Turf Boards/Bouncy castle/
Trampolines/Adventure course/Games and Activities

If the young person has a disability or condition that might be affected by this activity please note it along with any details of relevant medical treatment they are having at the moment on the back of this form. Eg. Asthma, epilepsy, recent broken bones

In an emergency you should contact the following person:

Surname: First Name: Relationship:

Address:

Phone number during the event:

I give permission for any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed: Parent/guardian Date:

Please ask your Leader to fill in their name and address and sign the form

Group:..... Leaders Name:
Leaders Address:
Leaders Telephone number:Leaders Signature

