



£25 Deposit Received



BOYS TO MEN

PARENT/SPONSOR CONSENT AND HEALTH FORM

I would like to register both my child/ward and I on this programme:

Please fill in the details below:

Parent / Sponsor's Name _____

Address _____

Telephone _____ E-mail _____

Relationship to child _____

Please fill in the details of your child/ward below:

Name _____

Address _____

Postcode _____

Telephone _____ E-mail _____

Date of Birth _____ Age _____

Name of cell leader _____

Name of LCC church _____

Any dietary requirements sponsor for the Boys to Men Breakfast:

Please indicate if your child suffers from any of the following:

- Diabetes Epilepsy Eczema Asthma

Please write details below, along with any other illness that your child suffers from

Is your child currently taking any medication? Yes No

Please give details _____

The doses and frequency of any medicines required whilst your child is with us?

Does your child suffer from any food allergies, and if so to what?

In case we should need to contact you whilst we are on the various activities, please write 1st (yourself) and 2nd contact details below

1st contact

Name _____

Address _____

Telephone _____

Cell Leader: _____

2nd Contact

Name _____

Address _____

Telephone _____

Cell Leader: _____

During this programme we will be taking some photographs that may be used for publicity and promotional purposes. If you do not wish for your child's photos to be used in this way please contact the office.

I understand that:

- This programme is for a duration of a year for students in Year 8 & 9
- I will inform KT Children Dept should my child/ward's health requirements change.
- Every effort will be made to participate in all the programmes.
- I have read the information leaflet and am aware of commitment required.
- Photographs taken of my child while on this programme may be used in publicity materials.
- **If my son missed more than 2 mandatory events, he will not be able to graduate.**

Signed (Parent/Sponsor) _____ Date _____

Closing Date: 11th March 2019

Please ensure every section is completed along with a £25 deposit and Card Payment details for £25 for 9 months or full payment of £250

Please return completed forms to:

KT Children's Department

P.O Box 54108, London, W5 9AE

For further information contact 020 8799 6178 or e-mail janice.donowa@kt.org

**KENSINGTON TEMPLE
CREDIT CARD PAYMENT
CHILDREN & YOUTH**

For office use only

DK no _____

Invoice No. _____

TRANSACTION _____

NAME _____

ADDRESS _____

POST CODE _____

TELEPHONE NO _____

AMOUNT _____

CARD NO

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EXPIRY DATE

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ISSUE NO:

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LAST 3 DIGITS OF CARD SECURITY CODE:

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Name on Card: _____

Signature: _____

Received by: _____

Date: _____

05/02/2019

05/02/2019

Banbury District Scout Camp Horley Air Rifle Range

Activity Information and Parental Permission Form – Shooting

Written parental permission is needed before a young person can take part in this activity

Upper section to be completed by Leader.

Lower section to be filled in by parent or guardian and returned to Leader.

Activity Information:

Air rifle shooting

Date or period _____

If any additional information is required please do not hesitate to contact the Leader of the activity.

Extracts from the Firearms Act 1968

'Section 21'

(1) A person who has been sentenced (to custody for life or) to preventive detention, or to imprisonment or to corrective training for a term of three years or more (or to youth custody (or detention in a young offender institution) for such a term), or who has been sentenced to be detained for such a term in a young offenders institution in Scotland, shall not at any time have a firearm or ammunition in his possession.

(2) A person who has been sentenced to imprisonment for a term of three months or more but less than three years (or to youth custody (or detention in a young offender institution) for such a term), or who has been sentenced to be detained for such a term in a detention centre or in a young offenders institution In Scotland, shall not at any time before the expiration of the period of five years from the date of his release have a firearm or ammunition in his possession.

This means:

Section 21 prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as AIRGUNS or shot cartridges for which a certificate is not needed.

A sentence of 3 months to 3 years attracts a 5 year prohibition, shorter ones no prohibition but a longer one means a life ban.

Parent or Guardian's consent

I, being the parent/guardian of the person named below, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for:

_____ (name of young person) to take part in Air rifle
Shooting

Please state if he/she has a disability or medical condition relevant to this activity:

Please indicate details of any medical treatment they are receiving at the moment:

Contact details in the event of an emergency: _____

_____ Tel: _____

Name _____ Signature _____ Date _____

05/02/2019