

## SR / MC 2011 NEW HELPER FORM

### MALVERN CHALLENGE 24TH – 26TH JUNE / SUN RUN 1ST – 3RD JULY

**Please complete this form (both sides) & either return to the organisers or your team leader in advance - all helpers should be pre booked.** (If you have previously helped you do not need to complete this form as we will send you a completed form with your details 5 days before the event).

Surname:

Forenames:

Address:

Post Code:

Tel No:  Mobile:

Email:

Troop/Company:

#### Please Ensure This Section Is Completed

Helpers Team Letter at **MC**:  (Refer to list). Team leaders name:

Specific job details:

MC: Date & Time arriving at site:

Helpers Team Letter at **SR**:  (Refer to list). Team leaders name:

Specific job details:

SR: Date & Time arriving at site:

#### Catering Charges:

We charge £4.00 for each weekend, or if you wish to order only certain meals they are priced at £1.00 per meal. To purchase the food tickets go to the helpers desk in Control.

#### ALL HELPERS TO COMPLETE

I understand that the Sun Run and Malvern Challenge are weekends of activities for Scouts and Guides. The organisers must formally disclaim any responsibility whatsoever for any loss, injury or loss of life during the weekend. The activities will be run under the rules of the Scout Association and those who are currently members of the Scout or Guide movement will be covered in the normal way by their association insurance.

I give permission for an organiser to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my signature was considered inadvisable by the doctor concerned.

Helpers  
Signature:

Parent/Guardian  
Signature:  
(If under 18 years)

**Please complete the questions on the Helpers Health Form (optional) but you MUST sign this form above.**

## SR / MC 2011 HELPER HEALTH FORM (OPTIONAL)

Name:  Post Code:

National Health No:  (If known)

Date of Birth:   Male  Female

Name of Doctor:  Surgery Tel No:

Surgery Address:

Approx. Date of last Tetanus injection

If the above person has been in contact with any infectious diseases that you believe we should be made aware of, please contact the organisers prior to arrival. Please list any known allergies/sensitivities (e.g. penicillin/elastoplast/foods):

Is the above person undergoing any current/recently had any medical treatment which the organisers should know about? **YES / NO**  
If **yes** please give details, include doctor or hospital:

Does the above person suffer from asthma, hay fever, migraine, fits or faints, diabetes, nervous disorder, or any other illness or any disability:

Please declare any other relevant information which you think the organisers should know about:

**In the event of any serious accident please contact the following person who is contactable during the weekend**

Name:

Address: (If different)

Post Code:  Relationship:

Daytime Tel No:

Evening Tel No: