

53rd St Barnabas Scout Group
www.53rdscoutgroup.com

7th October 2017

Dear Parents

The K1.5 assault hike is a 14kms hike starting from Saittas and finishing at Troodos square. The total height gain over the 14kms is 1,000m. The hike is a great introduction for new scouts, great practice for older scouts, preparing them for further hikes to come in the Troodos mountains. This is a sponsored hike in order to raise funds for the running of the group. It is one of our major fund raisers and we ask all scouts taking part to get as many sponsors as possible. The sponsor forms must be brought to the start of the hike to be checked. On completion of the Hike they will be signed and handed back so that the scout can collect their money. All money must be handed in by 4th November.

Hike Details: On Sunday 15th October Explorers and Scouts taking part in the K 1.5 assault hike must be at the Moutayiaka Scout Hut at 7.00am. We will then leave by bus to the start of the Hike. Hikers must bring with them an extra set of clothing and shoes, **waterproofs**, water bottle, a packed lunch, good walking shoes and a cap, all packed in a backpack. The hike will finish around 3.30pm at Troodos square where we will take a bus back to the scout hut which should arrive around 4.30 pm. **Explorers and Scouts must complete the Insurance and Enrolment forms to be able to take part in the Hike.**

Please complete the form below and hand in at the beginning of the hike on the 15th October.

_____ (Cut Here) _____

PARENTS PERMISSION TO HIKE FORM

My son/daughter

Has my permission to Hike on

In the event of illness or accident needing emergency hospital treatment, I authorise the leader in charge of the hike, Richard Vlamis, to agree to any treatment where a doctor considers that the delay required to obtain my permission will be detrimental to him/her.

I am aware that during this activity my son/daughter may be transported by car driven by parents or Leader and in case of an accident involving these vehicles I understand that they will not be covered by the Scout Insurance.

Signed

In case of emergencies I can be contacted on

He/She is/is not on any medication, if so please state

He/She has/has not any other medical conditions

He/She has/has not had an anti-tetanus injection. When ?

Signed (Mother/Guardian) Signed (Father/Guardian) Date