**Hampshire Summer Camp**

**available to Scouts from Hampshire**

A Summer Camp designed for Scouts, Patrols, Troops from Hampshire who are unable to attend or arrange their own camp.

Scouts are welcome to attend without Leaders but for large Groups some leadership involvement is essential even if they can't get fully involved in running the Camp.

We very much appreciate Leaders attending, full or part week. As a Leader this Camp is for you if you are unable to run a Summer Camp, haven’t got enough leaders, don’t have a camping permit or if you would like the experience of a traditional Summer Camp and if any of your Scouts can’t make your Camp.

The Camp is run by a core group of experienced Scout Leaders.

Scouts will be able to:

* Work as Patrols
* Cook as Patrols on stoves
* Learn camp skills

Scouts will take part in:

* Team building activities
* Wide games
* Rafting
* Archery
* Air rifles
* Pioneering
* Build and sleep in a bivi
* A day hike or cycle
* and many more activities….

**Summer Camp**

**Date:** 19-26 August 2023

**Location**: Lyons Copse

**Arrival:** from 2pm - 4pm

**Departure**: from 10am - 11am

**Cost**: £170 each (including food supplied but excluding camping equipment and

Travel, no charge for leaders)

**Payment:** Please pay by BACs – details will be provided on booking.

No cheques or cash payments accepted.

All payments to be received by 1st August.

**Bookings:** Please reserve places by emailing dom.howell@hampshirescouts.org.uk

**Patrols:** Scouts will camp in Patrols and should be 3-6 in number. If you have less

please contact [dom.howell@hampshirescouts.org.uk](mailto:dom.howell@hampshirescouts.org.uk) and we can match

Scouts up to make Patrols. Each Patrol will be given a defined area to put up to their sleeping Tents and dining shelter for cooking. Patrols will cook for themselves with Supervision. The Camp will provide all the food the Patrols will need.

**Equipment:** Each Patrol will need to bring - a dining shelter or similar , table, benches or

Chairs, water containers, cooker, gas bottle, cool box and cool packs (we can

refreeze them), bow saw (no axes), altar fire, 2 x frying pans, 2 x 1.5 gallon

Dixies, a dixie set or similar, washing up bowl, mixing bowls, tin opener,

potato peeler, plus utensils and storage boxes

**Leaders:** As Leaders we will work as a Team, look after Patrols and run the activities

Leaders will camp on the same field but in a separate area. Leaders will have

central catering and will be asked to help with catering and washing up.

Leaders will have the opportunity to help run the programme with the

organising Team. If you have any specific skills to offer please let us know.

**Summer Camp**

**Kit List**

|  |  |
| --- | --- |
| **Personal Kit** | **Essential Kit** |
| Essential Clothing   * Shirts/T shirts * jumpers * trousers/shorts * socks * underwear * handkerchief/tissues * coat or fleece * waterproofs * hike boats and/or strong trainers * spare trainers * Sun hat * Scout Uniform * sleeping bag * blanket (option) * Pyjamas | * rucksack or holdall for clothing * plate, bowl and mug * knife, fork and spoon * wash kit * towel * torch * spare torch batteries * large dustbin bags to keep clothes dry if wet weather * medicines - if necessary |
| **Optional - tuck money** | |

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| **Summer Camp - Booking Form**  Please email this to dom.howell@hampshirescouts.org.uk a week before the event | | | | |
| **Group Name** |  | | | |
| **Contact email** |  | | | |
| **Leader name** |  | | | |
| **Postal address** |  | | | |
| **Mobile Phone number** |  | | | |
| **Fees** | | | **Numbers** | **Total (£)** |
| Camp fees - £170 per Scout | | |  |  |
| **Number of Leaders attending (no cost)** | | | |  |
| **Number of Young Leaders attending (no cost)** | | | |  |
| **Attendee Name (if more than 11 attendees please duplicate this form)** | | **Camp fees @ £170** | | **PC Form** |
| 1. | |  | | Y/N |
| 2. | |  | | Y/N |
| 3. | |  | | Y/N |
| 4. | |  | | Y/N |
| 5. | |  | | Y/N |
| 6. | |  | | Y/N |
| 7. | |  | | Y/N |
| 8. | |  | | Y/N |
| 9. | |  | | Y/N |
| 10. | |  | | Y/N |
| 11. | |  | | Y/N |
| **Young Leaders Attending** | |  | | **PC Form** |
|  | |  | | Y/N |
|  | |  | | Y/N |
|  | |  | | Y/N |
|  | |  | | Y/N |
| **Leaders Attending** | | **Membership Number** | | **Contact**  **Form** |
|  | |  | | Y/N |
|  | |  | | Y/N |
|  | |  | | Y/N |
|  | |  | | Y/N |
|  | |  | | Y/N |
| **Please confirm date payment (including amount, date, account name)** | | | | |
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| **PERMISSION TO CAMP FORM Winter Camp** | |
| This form is to be filled in by the Parents/Guardians of all under 18s attending. It gives the First Aider/Leader in charge, your authority to sign on behalf, any papers needed by the medical authorities in case of emergency hospital treatment | |
| I give permission for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scout Group to attend Summer Camp between 19 -26 August 2023  I will inform if he/she has been in contact with any infectious diseases within the 3 weeks prior to the event, and any medicines diet etc that have to be taken/followed during the event, and with the appropriate hospital concerned if under current treatment. If he/she has to take pills or medicine, I will hand them to leader in charge clearly marked with his/her name and exact does on arrival at the event.  Has she/he been in contact with any infectious diseases within the 3 weeks prior to the event **YES/NO**  Medicines currently being taken:  Details of any medical treatment that they are currently receiving:  Has he/she been immunized against tetanus in the last 3 years? **YES/NO**  If no, date of last tetanus \_\_\_/\_\_\_/\_\_\_\_  Please provide details of any allergies to food , medicines or other etc  National Health Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and address of family doctor  Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_  Your address (during the event):  Your contact phone number (during the event):  Your Troop designated contact for the event:  Persons name:  Phone number:  Please list any essential dietary requirements: | Please list any special need?:  The following medication will be available if required.  Please indicate which may be used on your child  Ibuprofen  **YES/NO**  Anti-histamine (piriton or similar)  **YES/NO**  Midge repellent **YES/NO**  **Please provide any further information overleaf.**  I understand that the Leader in charge reserves the right to send any participant home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the First Aider/leader in charge to sign any document required by hospital authorities.    Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian)  Date:\_\_\_/\_\_\_/\_\_\_\_\_  **Parent Consent Form - Shooting Activities**  Specific parental permission is needed before a young person can take part in a shooting activity. Please read the declaration and sign below.  **The Firearms Act 1968** - 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 equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved club or at any shooting event, 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 shotgun 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.  I have noted the arrangements and give permission for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of young person) to take part in air rifle, air pistol, rifle or laser clay shooting.  Please state whether your son/daughter has a disability or condition that may be affected by this activity.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please indicate details of any medical treatment that they are receiving at the moment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firearms Act 1968 declaration:  (This is a legal requirement and must be signed)  I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare my son/daughter)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not subject to the restrictions stated above in Section 21 of the Firearms Act 1968.  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_/\_\_\_/\_\_\_\_ |
| Please provide any other relevant information overleaf  All information supplied will be treated in the strictest confidence | |
| Occasionally, photographs from the event and its activities are use in Scouting newsletters, parents evenings and promoting the camp etc. Care is taken to ensure that the photos are appropriate and reflect Scouting at its best.  All activities will be run in accordance with The Scout Association’s safety rules. No responsibility for the personal equipment /clothing and effects can be accepted by the event organisers and The Scout Association does not provide automatic insurance cover in respect to such items. | |

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| **Leader Contact Form** | |
| Leader Name |  |
| Membership Number |  |
| Group Name |  |
| Mobile phone number |  |
| Email address |  |
| Home address |  |
| Car Registration (if car on site) |  |
| Home Contact name |  |
| Home contact address |  |
| Home phone number |  |
| Any essential dietary requirements |  |
| Any medical conditions the First Aiders should be aware of |  |

From Wickham take A334

Take left turn just past farm shop and continue on A334

Turn right into Sandy Lane

Follow single track road PAST hotel

Lyons Copse Scout Campsite is on your left – on a bend

Address is:

**Lyons Copse  
Sandy Lane  
Shedfield  
SO32 2HQ**

