

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:** 16-23 August 2025
- Location:** Lyons Copse
- Arrival:** from 2pm - 4pm
- Departure:** from 10am - 11am
- Cost:** £180 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 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
<p>Essential Clothing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shirts/T shirts <input type="checkbox"/> jumpers <input type="checkbox"/> trousers/shorts <input type="checkbox"/> socks <input type="checkbox"/> underwear <input type="checkbox"/> handkerchief/tissues <input type="checkbox"/> coat or fleece <input type="checkbox"/> waterproofs <input type="checkbox"/> hike boots and/or strong trainers <input type="checkbox"/> spare trainers <input type="checkbox"/> Sun hat <input type="checkbox"/> Scout Uniform <input type="checkbox"/> sleeping bag <input type="checkbox"/> blanket (option) <input type="checkbox"/> Pyjamas <input type="checkbox"/> Swimming costume 	<ul style="list-style-type: none"> <input type="checkbox"/> rucksack or holdall for clothing <input type="checkbox"/> plate, bowl and mug <input type="checkbox"/> knife, fork and spoon <input type="checkbox"/> wash kit <input type="checkbox"/> towel <input type="checkbox"/> torch <input type="checkbox"/> spare torch batteries <input type="checkbox"/> large dustbin bags to keep clothes dry if wet weather <input type="checkbox"/> medicines - if necessary
<p>Optional - tuck money</p>	

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 - £180 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 @ £180	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)		

PERMISSION TO CAMP FORM Summer 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 16 -23 August 2025

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 doses 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.

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**

