

The Colditz Challenge

Calling all Explorer Scouts in this District

“The Colditz Challenge” is a County event that aims to provide an exciting and fun night activity for Scouts, that also tests their Scouting skills; it is not designed to be an event that requires any additional training than that given at normal Scout meetings.

With any event, support is required; Explorers will act as Guards at the Colditz Prisoner of War Camp. They have to capture any team trying to escape, mark their cards accordingly and send them on their way.

Where: Broadstone Warren.

When: 7.15pm Saturday 12th to 11.00am Sunday 13th July 2014.

Who: Explorers who are 14 ½ years on the day of the event.

Cost: £3.00 Made payable to ESCSC if camping to cover breakfast

Please complete the permission to camp form with payment (if relevant) to:
Matthew Lock, c/o 4 Ore Place, Hastings, East Sussex TN34 2LR. 07530 257193
If you have any questions then please email: explorers@colditzchallenge.org.uk

Saturday

19:30 - Briefing

20:00 - Competition Starts

Explorers can start finding Scouts and marking their cards

00:00 - Competition Ends

Explorers start to head back to base, helping any teams they find en-route

00:05 - Hot Chocolate and biscuits for all

Sunday (for those staying over)

07:00 - Wake up

08:00 - Breakfast

08:30 - Assist Scouts clear up

10:30 - Prize giving

11:00 - Hometime :-)

Kit List

For Explorers specifically, No Knives or electronic equipment such as, Hand-held electronic games, MP3 players (except Mobile Phones) are to be brought to this camp.

Each Explorer will require the following:
Tent, Sleeping bag and mat or blanket
Suitable, warm clothing, for an outdoor, night activity, in a woodland environment
Mug, plate & bowl Knife fork & spoon
Torch, Whistle. Watch

East Sussex County Scouts

PERMISSION TO CAMP

Camp: **Colditz Challenge**
Dates: **12th – 13th July 2014**

Location: **Broadstone Warren**
Camp Leader: **Matthew Lock**

I give permission for my son/daughter _____(Name) to attend this camp have signed below to this effect.

Explorers Personal Details: My Son/Daughter **will/will not** be camping

Date of Birth: _____ National Health Number: _____

Name of Doctor: _____ Telephone Number of Surgery: _____

Date of last Anti-Tetanus Injection: _____

Please tick the YES/NO boxes for all of the questions that follow. This information is given in confidence and will only be divulged to the appropriate Leaders.

Is there any medical condition or recurring complaint of which the Camp Leaders should be aware?
(e.g. Travel Sickness/Migraine/Asthma, etc.) YES NO

Details

Does he/she have any special dietary needs? YES NO

Details

Does he/she have any allergies? YES NO

Details

Has he/she been in contact with any infectious illness within the last month?
YES NO

Details

Is he/she having any medical treatment/medication at present? YES NO

Details

(cont'd....)

East Sussex County Scouts

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You may pass any medication he/she will require during the camp to the camp leader. Explorers may keep their medication with them during the camp, but the Leaders will not accept responsibility for any misuse or loss of medication. **Every item should be clearly marked with his/her name, and full instructions for use.**

In case of emergency, I have provided below two separate contact Addresses and Telephone Numbers for use during the camp.

1) Name(s): _____

Relationship to Explorer: _____

Telephones: _____

2) Name(s): _____

Relationship to Explorer: _____

Telephones: _____

In case of emergency requiring immediate medical intervention, I authorise the Camp Leader to give permission for whatever treatment is considered necessary for my child.

Date: _____ Signed: _____ Parent / Guardian