



Newsletter for May 2010

<u>Date</u>	<u>Time</u>	<u>Activity Details</u>	<u>Bring</u>
1 st May	NO MEETING		
8 th May	2.30 – 4.30pm	Movie	Snack and drink
15 th May	3.00 – 4.30pm	Story telling and games	If possible, Beaver should prepare a short story to tell.
16 th May	10.30am-12.00pm	XSG's 2 nd birthday mass	Meet at HQ at 10.30, <u>in full uniform</u>
22 nd May	3.00 – 4.30pm	cooking	A bowl and drink
29 th May	3.00-5.00pm	Hike	Snack and drink, consent form, money for badge

The time has come for the Beavers to receive the Joining In Award, a badge given one year after their investiture, which was last May. Please tell the leaders **by 8th May** if you want two badges or one, because we will not be able to order another one when the certificates are already out. Whoever doesn't talk to any leader will be considered to want only one badge. This costs 1.50 euro (3 euro for 2 badges). The badge will be given on 29th May so you must send the money with your child then.

PERMISSION SLIP FOR HIKE ON 29th May 2010

This is to confirm that I allow my son/daughter

_____ ,
to attend the hike in Xaghra on Saturday 29th May, 2010, from 3.00 till 5.00pm

Kindly note the following for the duration of this activity:-
Medical Conditions/Medications/Other notes

HOLD HARMLESS AGREEMENT

I, the undersigned, as person entrusted with the care and custody of the minor, understand that participation in this activity may involve certain risks. As person entrusted with his/her care and custody I am giving consent for the minor, to participate in the named activities. I understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Scout Association of Malta, the Xaghra Scout Group, the activity coordinators, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation to which I must abide according to the rules, procedures and / or instructions. In case of emergency I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment for my child.

Parent/guardian name _____

Parent/guardian signature _____

Telephone number _____

Mobile number _____