



www.airtrainingcorps.org

457 (Farnborough) Squadron

Air Training Corps

St Christopher's Road

Cove

Farnborough

Hampshire

+44 (0) 1252 524755

Date: 04 January 2010

Swimming 1st Monday of each month

Activities –Swimming (*This is a normal parade evening*)

Accommodation – N/A

Eligibility – Enrolled cadets (13yr.3 months old)

Programme – Meet at The HQ at 19.00 hours, travel to RAF Odiham, arriving before 19:30hrs for Briefing, participate in Swimming and sports activity as Directed by The RAF Staff, depart RAF Odiham at approximately 21.00hrs travel to Farnborough, you will be ready for collection at normal time approx 21:45 hours from HQ.

(Timings are predicted and may vary)

Transport – Transport will be the squadron mini bus / Or RAF Odiham supplied, you can also make you own way there, please advise

Cadets Personal Equipment – The Air Cadet Organisation, 457 (Farnborough) Squadron or any of its Adult Staff are not responsible for and cannot be held liable for the loss or damage to Cadets personal equipment during the above noted activity. It is suggested that you take out private insurance to cover the loss or damage of any personal equipment.

Uniform – No Uniform is required - However cadets must be dressed sensibly with out offensive logos on t-shirts etc, 3822's will be required, Cadets are to bring there own swimming wear, towel and toiletries as required head caps are advisable.

Contact details for Emergency only - During the activity the following numbers will be available as an EMERGANCY contact point. Flt Lt Purkiss 07855 446231,

Cost - £1

Food – Food will not be supplied.

Brief - There will be no briefing, other than this briefing notice.

Parental Consent – As part of our Training Instructions please confirm, by signing and returning the attached form, that you have read the above notes and that you are satisfied with the above arrangement/activities. Please also complete the attached personal details form and return it to the Squadron before the activity

Swimming -

(please fill in date)

Cadets Name _____ (print name)

- I confirm that the above activity will not be interfering with the above named Cadets schoolwork.
- I confirm that the above named Cadet does/does not* suffer from asthma. (*Asthma detail form attached)
- I do/do not* give consent for the above named Cadet to be filmed/photographed during this activity.

I _____ (print name) confirm that I have read and understood the above briefing notes and where any topic was not clear I have requested and received all necessary additional information from the Squadron Commander (Flt Lt A Purkiss).

Swimming

Contact Name (print) _____

Home _____

Mobile _____

Address _____

Signature _____

Date _____

* delete as appropriate

PARENTS ARE TO ENSURE THAT THEIR SON/DAUGHTER HAS THE CORRECT EQUIPMENT AND PAPERWORK. IF IN DOUBT PLEASE ASK A MEMBER OF STAFF.