



The GADDUM SHIELD CHALLENGE

This is based roughly on the previous nine SCOUT CHALLENGES and is open to patrols of six, five or four scouts whose average age is below 13 years. The patrols do not need to have extensive scouting skill expertise but be able to follow instruction, use their initiative and have fun. It also takes into account leadership and team spirit. **The aim of the day is to be enjoyable and let the Scouts try new activities and challenges.**

The Challenge will be held at the Prestwich, Radcliffe and Whitefield headquarters on **Sunday 24th March 2019** (booking in from 8.45 am) and with the presentations at 3.45 pm

The cost per team will be £10, Please complete the entry form below which should be received by the ACC **by 14th March**, Further details including the scoring system, the parental Consent Form and the team "competition certificate" are also enclosed, Entries will be accepted by phone or email with the fee being paid on the day.

Initially each district can enter up to three teams (more than one entry per troop is acceptable), but as places are limited bookings should be made as soon as possible. The bookings are made for the District as a whole so please inform your ADC if you wish to take part but see Rules re spare places The Winner and the Runner up will be the County's representatives in the Regional Lord Derby competition to be held later in the year.

DO YOU ACCEPT THE CHALLENGE?

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GADDUM SHIELD CHALLENGE, SUNDAY 24th March 2019 - BOOKING FORM

Please enter.....Scout Troop into the Gaddum Shield Challenge, I enclose £10 entry fee. I have discussed this entry with my ADC.

Name of Leader.....Tel number.....

Address.....Post Code.....

GADDUM SHIELD CHALLENGE 2019

DATE	Sunday 24 th March 2019
VENUE	Prestwich, Radcliffe and Whitefield district headquarters
COST	£10.00 per team

The Challenge will involve teams of scouts (as defined below) attempting nine challenges, situated at bases located within the boundary of the headquarters. The challenges will be roughly based on the former nine Scout Challenge Awards.

Each base will award a maximum of 30 points, based equally on Leadership, Team Spirit and Technical Skill (see below)

The teams will be expected to arrive in smart scout uniform, which will be assessed on booking in.

In accordance with the requirements of the County ADCs' meeting each team will have to bring a completed "Competition Certificate" signed by their scout leader and a signed Parents' Consent form for each member.

Each team also must bring details i.e. the name, position, and telephone numbers, of their "Home Contact"

Teams should arrive between 8.45 and 9.00 am and booking in at the competition centre.

Scouts should wear strong shoes or boots and bring with them a hat, water proofs and their pack lunch, drinks will be provided. They will also need, either individually or as a patrol, a first aid kit

It is anticipated that any equipment needed at a base will be supplied although if there are special requirements the teams will be notified directly after the closing date.

"All team members must be members of a SCOUT TROOP and under 14 ½ on the day of the competition. The average of the total ages of all team members must not exceed 13. There are no restrictions on the number of patrol leaders or assistant patrol leaders but the PL and APL for the competition team must be nominated and be identifiable during the whole of the event. Bases will be designed for teams of 6, although teams of 5 or 4 are permitted but may be at a disadvantage."

All members of the teams will be expected to take part in every base. It will be the responsibility of the nominated patrol leader to organise the team.

Districts can enter as many teams as they wish (TELEPHONE OR E- MAIL) although until the closing date three places will be reserved for each District. After 14th March all entries received will be allocated and entries accepted, on a first come bases

The Teams will be assessed under the following three areas:

LEADERSHIP

The way the nominated patrol leader

Observes - assesses, sorts priorities and delegates

Monitors - strengths and weakness of the team members and uses them

Flexibility – adapts to changing problems, errors, mistakes are realised and corrected

Motivation – Encourages the team members, show enthusiasm

Styles – Is the style of leadership suitable for the incident, does he/she listens to others?

Consideration for the team members

TEAM SPIRIT

Overall “Team Spirit”. Do individuals support the team by?

Enthusiasm

Involvement – in the aim if physically possible

Attitude – humour, support of each other

Adversity – “stick ability”, perseverance

TECHNICAL SKILL

How successful the aim of the base is achieved

Achieving the task – efficiently

Correct technique – use of equipment, correct technical details (i.e. knots)

Resourcefulness – improvisation where appropriate

Priority – i.e. speed over comfort, most urgent first

Safety – safe practices where applicable

THERE IS A MAXIMUM OF 10 POINTS AVAILABLE FOR EACH AREA I.E A MAXIMUM OF 30 POINTS FOR EACH BASE.

G R E A T E R M A N C H E S T E R N O R T H S C O U T S

“ C O M P E T I T I O N E N T R Y F O R M ”

Competition: GADDUM SHIELD CHALLENGE, Date: Sunday 24th March 2019

2019 Gaddum Shield Challenge

Troop:.....District.....
PL's Name:.....
Address:.....
Tel No:.....
SL's Name:.....
Address:.....
Tel No:.....

Signed.....Scout LeaderDate

To be brought on the day together with the “Competition Certificate” and consent forms. Troops entering more than one team should use separate forms

G R E A T E R M A N C H E S T E R N O R T H S C O U T S

“ C O M P E T I T I O N C E R T I F I C A T E ”
 (Please bring with you on the day)

Competition: GADDUM SHIELD CHALLENGE, Date 24th March 2019

District..... Troop.....

	Age in Years & months	
1 Name.....RankDate of Birth..... Address.....Tel Number.....		
2 Name.....RankDate of Birth..... Address.....Tel Number.....		
3 Name.....RankDate of Birth..... Address.....Tel Number.....		
4 Name.....RankDate of Birth..... Address.....Tel Number.....		
5 Name.....RankDate of Birth..... Address.....Tel Number.....		
6 Name.....RankDate of Birth..... Address.....Tel Number.....		
Competition ranks:- Patrol Leader or Senior Patrol Leader; Assistant Patrol Leader; Scout <div style="text-align: right;">Total of Ages</div>		
AVERAGE AGE OF TEAM		

We confirm that the above are SCOUT members of the above Troop and that the ages and ranks are correct

Signed..... Scout Leader: Print name.....

Scout Leader's address.....Tel No.....

Activity Leader Paul Raine, Assistant County Commissioner Scouts



Parents' Consent Form
Greater Manchester North Scout County
Scout Section

Camp /Activity Location	Dates
Prestwich, Radcliffe & Whitefield Headquarters– Gaddum Shield Challenge	24 th March 2019

Troop.....

This form (both sides) must be completed in ball-point pen in BLOCK CAPITALS. -
Please answer the following questions as fully as possible, checking and / or amending / completing the information as required. Delete starred * items as appropriate. Note. This information will be held in confidence.
[Members of the Association over 16 years of age may complete the form for themselves, but must have it countersigned by their Parent or Guardian.
For those under 16 the form must be completed by their Parent or Guardian.]

Surname

Date of Birth

Forenames

National Health Service Number

Home Address

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Postcode

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Telephone

.....

Person to be contacted in case of emergency.

Name

Address.....

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Relationship.....

.....

Telephone

.....

Family Doctor

Name.....

Address.....

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Telephone

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Hospital Consultant (if applicable)

Name

Hospital

Reg. No

Telephone

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Emergency Permission - 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 any of the Camp Leaders or an appointed first-aider to give permission to the doctor / hospital authorities to undertake whatever treatment is considered necessary and to sign any documents required by the hospital authorities.

Signed _____ Date _____
Parent / Guardian (if under 16)

Signed _____ Date _____
Member (if over 16)

Continuation for.....(name of scout)

In the space below please give details of the following:-

Any Known Infectious Diseases with which * your son /daughter has been in contact within the last four weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)

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Any chest complaints, wheezing or hay fever, asthma, migraine, fits or faints, bad period pains, diabetes, nervous disorders or any other illness or disability which * your son /daughter suffer(s)

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Any Known Allergies/Sensitivities and details of any known precautions or remedies which * your son /daughter has (e.g. Penicillin, Food Colourings, Travel Sickness, etc.)

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Details of any Medicines/Diets/Treatments which * your son /daughter is currently taking / following (including dosage details - please also include any non-prescription preparations, such as cough sweets , herbal medicines).

*(If * your son /daughter has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with * your sons / daughters name and the exact dosages, and should be handed to the Camp Leaders before departure, except inhalers, which may be retained by * / your son / daughter. Spare inhalers should be given to the Camp Leaders)*

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Please continue on a separate sheet if required (Remember to include * your sons /daughters name on any separate sheets and attach them securely to this form)

PARENTAL PERMISSION

Parents / Guardians of those under 16 please read and sign.

I _____, being the legal * parent / guardian with parental responsibility for the above give my consent for my * son / daughter to attend the aforementioned Camp./Activity.

I understand and accept that some of the activities may involve substantial physical and mental exertion and elements of risk and danger. I am prepared for and consent to my * son / daughter undertaking such activities as authorised by the Competition Organiser/ Camp Leaders. I understand that all activities will be carried out under the relevant Scout Association Rules.

If water activities are included, my * son / daughter * can / cannot swim 50 metres and keep afloat for five minutes in appropriate clothes and a buoyancy aid. [not applicable on this event]

I *give/do not give consent for my*son/daughter to take part in rifle shooting on the understanding that any activity involving shooting will be undertaken in accordance with current Scout Association Rules and national codes of practice.

I *give/do not give consent for my*son/daughter to be photographed/videoed by authorised persons during scouting activities. I understand that any photos/videos will be used solely for the archives/records or publicity purposes. My child's name will only be used with my prior permission

I will inform the Activity Leaders if any of the information given on this form changes before the event takes place.

Signature of * Parent / Guardian _____ Date _____