



The New GADDUM SHIELD CHALLENGE

The Gaddum Shield competition HAS CHANGED!

This year it will be based on the nine SCOUT CHALLENGE AWARDS and become the GADDUM SHIELD CHALLENGE so all troops will be able to take part - It is open to patrols of six scouts whose average age is below 13 years and takes into account leadership and team spirit besides technical skill.

The Challenge will be held at Ashworth Valley campsite on SUNDAY 10th May 2009 (booking in from 8.45 am). The cost per team will be £8, see attached details for more information, entry form (which must be received by the ACC by 28th April), consent form and "competition certificate",

DO YOU ACCEPT THE CHALLENGE?

This could also be an idea opportunity for your troop to camp over the weekend and enter a team in Gaddum Shield Challenge on the Sunday. If so you will need to contact the Campsite Warden on 01706 360498 or 0161 633 2896 to book you site, (there will be a rebate of part of challenge entry fee for those troops camping over the weekend)

Places will be limited so make your booking using the from below as soon as possible

GADDUM SHIELD CHALLENGE SUNDAY 10th May 2009- BOOKING FORM

Please enter.....Scout Troop into the Gaddum Shield Challenge on the Sunday, I enclose £8 entry fee

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

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

Please return to P Raine, ACC,(Scouts), 13 Kinloch Drive Bolton BL1 4LZ, (telephone 01204 494572) by 28th April 2009

GREATER MANCHESTER NORTH SCOUT SECTION

GADDUM SHIELD CHALLENGE 2009

DATE Sunday 10th May 2009
VENUE Ashworth Valley campsite
COST £8.00 per team. (Unless camping at Ashworth Valley over the weekend)

The Challenge will involve teams of scouts (as defined below) attempting nine challenges, situated at bases located within the boundary of the campsite. The challenges will be based on the 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. name, position, telephone numbers, of the "Home Contact" who must not be related to any member of the team or other campers on site.)

Teams should arrive between 8.45 and 9.00 am and booking in at the competition centre, which will be signed.

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 15 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 although until the closing date one place will be reserved for each District. After 28th April entries will be allocated or late (TELEPHONE OR E- MAIL) 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 MAXIMUN OF 30 POINTS FOR EACH BASE.

“COMPETITION ENTRY FORM”

Competition: GADDUM SHIELD CHALLENGE, Date: SUNDAY 10th May 2009

Each District can enter any number of teams. Team “A” will automatically be given a place.

The completed forms with the entry fee of £8 per team to be sent to Paul Raine, 13 Kinloch Drive, Bolton BL1 4LZ, by **28th April 2009**

2009 Gaddum Shield Challenge – Team “A”

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

Signed.....ADC (Scouts).....Print.....Date

FOR OTHER TROOPS WISHING TO ENTER

2009 Gaddum Shield Challenge – other teams (please use additional forms if necessary)

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

“ COMPETITION CERTIFICATE ”
(Please bring with you on the day)

Competition: GADDUM SHIELD CHALLENGE, Date: 10th MAY 2009

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

	Age in Years
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 Total of Ages	
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: signedADC (Scouts)

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
Ashworth Valley Campsite– Gaddum Shield Challenge	10 th May 2009

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
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Forenames	National Health Service Number
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Home Address
Postcode
Telephone

Person to be contacted in case of emergency. Name Address..... Relationship..... Telephone

Family Doctor Name..... Address..... Telephone

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 _____ Signed _____ Date _____

Parent / Guardian (if under 16)

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/not 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/not not give consent for my*son/daughter to be photographed/video-ed 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 _____