

The Challenge	Event Registration	
Organisation:		
Challenge Organiser:		
Phone:	Email:	
Address:		
Challenge Event Details		
	ocation:	
Planned Activity: Please provide a brief outline of the project and the volunteer tasks		
No of Volunteers (Approx no expected at event aged 12-25)		
Adult/Child ratio		
Your event will only be registered as a Saltire Award Challenge if it meets the following criteria. Please answer all questions, you will be contacted shortly either to confirm your event has been registered or to request additional information. This section must be completed by the adult with overall responsibility for the young people participating in the Challenge.		
I confirm that I am an adult o	ver 18 years of age	
I confirm that I am a member of the PVG Scheme*/have an Enhanced Disclosure* for this role and that I am not Disqualified from Working with Children. *delete as appropriate		
I confirm that the volunteers will be covered by our agency's Insurance Policy*/the Insurance Policy of the organisation providing the Challenge* whilst undertaking the Challenge activity. *delete as appropriate		
I confirm that parental/guardian consent has been/will be obtained for all participants and that photographs will not be taken/used without prior consent from parent/guardian.		
the responsibility of my organ Challenge and that the Saltire	of all participants involved in the Challenge is isation and/or the organisation providing the Awards cannot be held liable for any accident, or during the course of this Challenge Event.	
Signed	Date	
Name (Block Capitals)		