



New South Wales
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FORM A1 (01/06)

ACTIVITY NOTIFICATION FORM
PART III PARENTS' ADVICE
(To be completed for members under 18)

ACTIVITY Clean Up Australia
 FORMATION 1st Winston Hills Cub Pack
 LOCATION 3rd Settlement Reserve/ Toongabbie Creek
 LEAVING TIME 9:00 AM DATE Sun, 5 March 2006 PLACE Scout Hall
 RETURNING TIME 11:30 AM DATE Sun, 5 March 2006 PLACE Scout Hall
 Name of Activity Leader Akela Phone ()
 Method of transport to and from activity _____
 Cost \$ _____ payable to _____ by (date) _____

ADDITIONAL DETAILS

Uniform event must bring gloves and wear enclosed shoes. Also bring drink bottle.

EMERGENCY CONTACT

If you feel that your child is overdue in returning from the activity, you should contact:

John Hardiman Home Phone () 9836 2964 Mobile (0423) 183677

The activity will will not be under direct adult supervision
 The activity will will not involve both male and female youth members
 Both male and female Leaders will will not be present

PARENTS - PLEASE KEEP THE ABOVE FOR REFERENCE

ACTIVITY REPLY: To be returned to the Section Leader by _____ whether or not your child is attending

CHILD'S NAME _____ MEMBERSHIP NO

| | | | | | |
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|--|--|--|--|--|--|

ADDRESS _____

SCOUT GROUP 1st Winston Hills Cub Pack

Will Be ATTENDING THE Clean Up Australia

ORGANISED BY Akela

FROM 9:00 AM (time) Sun, 5 March 2006 (date) TO 11:30 AM (time) Sun, 5 March 2006 (date)

PARENT CONSENT (TO BE COMPLETED IF CHILD ATTENDING ACTIVITY) I consent to my child's participation in:

swimming activities water/boating activities flying activities (if applicable)

AGE of CHILD _____ Years Can he or she swim? _____

HEALTH / FITNESS ASPECTS OF YOUTH MEMBER THAT MAY REQUIRE SPECIAL ATTENTION, INCLUDING ALLERGIES

MEDICARE NUMBER

| | | | |
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 EXPIRY DATE ____ / ____

OTHER HEALTH FUND _____

IN CASE OF EMERGENCY CONTACT _____ TELEPHONE () _____

I authorise any officer, member or servant of The Scout Association of Australia, New South Wales Branch, in the event of any accident or illness to obtain such urgent medical assistance or treatment for the abovenamed youth member, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).

Signed: _____ Print Name _____