



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

ACTIVITY Viking Theme Group Camp  
 FORMATION 1<sup>st</sup> Winston Hills Cub Pack  
 LOCATION Glenrock Scout Camp  
 LEAVING TIME 7:15 AM DATE Sat, 11 March 2006 PLACE Winston Hills Scout Hall  
 RETURNING TIME 4:30 PM DATE Sun, 12 March 2006 PLACE Winston Hills Scout Hall  
 Name of Activity Leader Akela Phone ( ) 9836 2964  
 Method of transport to and from activity Car Pool- Parents Cars  
 Cost \$ 30.00 payable to 1<sup>st</sup> Winston Hills Scout Group by (date) Thu, 2 March 2006

ADDITIONAL DETAILS  
This is a group camp with Joeys, Scouts and Venturers. Cubs will sleep in tents. We also have a cottage if weather is bad. A packing list will be given out closer to the time. I must have money and permission notes by due date at latest.

**EMERGENCY CONTACT**  
 If you feel that your child is overdue in returning from the activity, you should contact:  
 Natalie Shield Home Phone ( ) 9686 6024 Mobile ( )

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 Thu, 2 March 2006 whether or not your child is attending

CHILD'S NAME \_\_\_\_\_ MEMBERSHIP NO 

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ADDRESS \_\_\_\_\_

SCOUT GROUP 1<sup>st</sup> Winston Hills Cub Scout Pack

Will Be ATTENDING THE Viking Theme Group Camp

ORGANISED BY Akela

FROM 7:15 AM (time) Sat, 11 March 2006 (date) TO 4:30 PM (time) 12/3/2006 (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 \_\_\_\_\_