



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

ACTIVITY Air Activities, Level 2 Flight Badge  
 FORMATION 1<sup>st</sup> Winston Hills Cub Pack  
 LOCATION Scout Air Activities Centre, Camden Airport  
 LEAVING TIME 8:30 AM DATE Sun, 28 May 2006 PLACE Camden Airport  
 RETURNING TIME 4:00 PM DATE Sun, 28 May 2006 PLACE Camden Airport  
 Name of Activity Leader Akela Phone ( 02 ) 9836 2964  
 Method of transport to and from activity Parent's Cars  
 Cost \$ 49.00 payable to 1<sup>st</sup> Winston Hills Scouts by (date) Mon, 1 May 2006

ADDITIONAL DETAILS  
Cost includes flight in a Cessna plane, model airplane and level 2 flight badge. siblings and parents can also fly cost \$45.00 . please let me know. Bring packed lunch.

**EMERGENCY CONTACT**

If you feel that your child is overdue in returning from the activity, you should contact:  
John Hardiman Home Phone (02 ) 9836 2964 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 Mon, 1 May 2006 whether or not your child is attending

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

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ADDRESS \_\_\_\_\_

SCOUT GROUP \_\_\_\_\_

Will Be ATTENDING THE \_\_\_\_\_

ORGANISED BY \_\_\_\_\_

FROM \_\_\_\_\_ (time) \_\_\_\_\_ (date) TO \_\_\_\_\_ (time) \_\_\_\_\_ (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 \_\_\_\_\_