



Scouts Australia NSW
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ACTIVITY NOTIFICATION FORM
PART I - PARTICIPANTS & PARENTS' ADVICE
 (THIS PAGE IS TO BE KEPT BY PARTICIPANTS)

ACTIVITY	Adventure Challenge Badge Outing to Maritime Museum				
FORMATION	1st Winston Hills Joey Scout Mob				
LOCATION	Maritime Musuem - Darling Harbour				
LEAVING TIME	9:35 AM	DATE	Sat, 7 March 2009	PLACE	Meadowbank Ferry Wharf
RETURNING TIME	2:25 PM	DATE	Sat, 7 March 2009	PLACE	Meadowbank Ferry Wharf
Name of Activity Coordinator	Potoroo			Phone	(0404) 246 249
Method of transport to and from activity	Parents' Cars				
Cost \$ 12.00	payable to	Potoroo		by (date)	Sat, 7 March 2009

ADDITIONAL DETAILS

Cost includes ferry ticket & entry into the Museum & onto the Endeavour at the museum. Joeys are to come dressed as pirates (simple costumes will be fine) Joeys to bring backpack with water bottle, lunch & snack, sunscreen, rain jacket) We will meet at Meadowbank Ferry Wharf at 9.35am & return to the same location for pickup at 2.25pm. Joeys are invited to bring a small amount of money if they wish to buy a small souvenir &/or ice cream. Adult costs onto the Endeavour are \$12 if you accompany the group. Adults - Ferry \$11 return.

EMERGENCY CONTACT

If you feel that the participant is overdue in returning from the activity, you should contact the nominated PARENTS CONTACT:

Name **John Hardiman** Home Phone **(02) 8665 5867** Mobile **(0423) 072 656**

The activity	<input checked="" type="checkbox"/>	will	<input type="checkbox"/>	will not	be under direct adult supervision
The activity	<input checked="" type="checkbox"/>	will	<input type="checkbox"/>	will not	involve both male and female youth members
Both male and female Leaders	<input checked="" type="checkbox"/>	will	<input type="checkbox"/>	will not	be present

More information about this activity:

Membership No _____

**ACTIVITY PARTICIPATION AND
MEDICAL FORM**
PART II - PARTICIPANTS & PARENTS' ADVICE
(To be completed and returned for All Participants)

Activity Name: **Adventure Challenge Badge
Outing to Maritime Museum**

Activity No: _____

Activity Fee: **\$12.00**

Activity Coordinator: **Potoroo** Date/s: _____ Closing Date: _____

Activity Particulars:

Attendance:	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Days Only
<input type="checkbox"/> ALL	<input type="checkbox"/> Friday Night	<input type="checkbox"/> Saturday Night	<input type="checkbox"/> Sunday Night	<input type="checkbox"/> Other

Member: Joey Scout Cub Scout Scout Venturer Scout Rover Leader Non Member (Helper/Instructor)

Your Transport to Activity: Private Bus Other: _____

Surname: _____ Given Names: _____

Address: _____

Town/ City: _____ Postcode: _____ State: NSW

Telephone: _____ Mobile phone: _____ Email: _____

Date of Birth: _____ Gender: Male Female Religion/Faith: _____

Group: _____ Section: _____

In case of Emergency contact: _____ Address: _____

Town/ City: _____ Postcode: _____ Telephone: _____

Parent Consent (Applicants under 18) I consent to my child's Activity participation in

Swimming Water/Boating Rock Related Activities Abseiling Flying Fox Flying

If the participant suffers from any chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare. Please attach any Medical Plans if they apply.

Can Swim 50 metres: Yes No **Diabetes:** Yes No Severe Mild

Epilepsy: Yes No Severe Mild **Asthma:** Yes No Severe Mild

Does the applicant suffer from any physical disabilities? Yes No _____

Does the applicant have any known allergies, including drugs or food allergies? (i.e. Penicillin, Egg, Bee Sting, Hay Fever, other Drug or Food allergies). Yes No _____

Will the applicant have any medication at the activity? (i.e. By Injection, Tablet, Capsule, Penicillin, Insulin, other Drugs). Yes No

Name of Drug: _____

Dosage: _____ How often? _____

Administered by Self or whom: _____

Has applicant any special food requirements? (for Medical, Religious) Yes No _____

Date of last Tetanus Injection: _____ or Unknown **Medicare Number:** _____

Name of Medical Fund: _____ **Position on Medicare Card:** _____

Ambulance Fund Cover: Yes No

This must be completed for ALL applicants, or their Parent/Guardian if under 18 years

Medical Authority I/we acknowledge that this activity will involve inherent and obvious risks. I/we 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 above named youth member, including the administration of any anesthetic 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).

If you have any questions please contact **Potoroo** on **(0404) 246 249**

	Signature	Print Name	Date
Applicant:	_____	_____	_____
Parent/Guardian:	_____	_____	_____
Leader:	_____	_____	_____