



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

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

**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:**

<b>Attendance:</b>	<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:	_____	_____	_____