



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

ACTIVITY Anzac Day March

FORMATION 1st Winston Hills Cub Scout Pack

LOCATION Boomerang place, Seven hills

LEAVING TIME 1:30 PM DATE Sun, 17 April 2005 PLACE Seven Hills

RETURNING TIME 3:30 PM DATE Sun, 17 April 2005 PLACE Seven Hills

Name of Activity Leader Chil Phone () 9836 2964

Method of transport to and from activity Parents cars,

Cost \$ _____ payable to _____ by (date) _____

ADDITIONAL DETAILS
Full very smart uniform is required.

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 ()

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

ADDRESS _____

SCOUT GROUP _____

Will Be/Will Not Be ATTENDING THE Anzac Day March

ORGANISED BY 1st Winston Hills Cub Scout Pack

FROM 1:30 PM (time) Sun, 17 April 2005 (date) TO 3:30 PM (time) Sun, 17 April (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 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 _____ Date _____