



New South Wales Branch
 "The Bunyas" 5 Rogers Avenue
 P O Box 115
 Haberfield NSW 2045
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ACTIVITY NOTIFICATION FORM
PART III PARENTS' ADVICE
Winston Hills T-Shirts

FORMATION

ACTIVITY

Andrew's Bike Hike

LOCATION

Waterfall station to Ranger's gate at Loftus

LEAVING TIME

10:00 AM

DATE

24-Oct-2004

PLACE

Waterfall Station

RETURNING TIME

3:00 PM

DATE

24-Oct-2004

PLACE

Loftus

Name of Activity Leader

Grizzly

Phone

(02) 96866541

Method of Transport to and from activity

Parents Cars or train

Cost

\$0.00

payable to

by (date)

ADDITIONAL DETAILS

Packed lunch and water bottle required in small day pack. Must provide own bike or borrow one.

EMERGENCY CONTACT

If you feel that your son or daughter is overdue in returning from the activity, you should contact:

John Hardiman

Home Phone:

(02) 98362964

Mobile:

0409788270

The activity will be under direct adult supervision

The activity will involve both male and female youth members

Both male and female leaders WILL NOT be present

PARENTS - PLEASE KEEP THE ABOVE FOR REFERENCE

PARENT CONSENT:

TO BE RETURNED TO SECTION LEADER PRIOR TO ACTIVITY COMMENCING

I CONSENT TO

(NAME OF YOUTH MEMBER)

MEMBERSHIP No:

OF

SCOUT GROUP

ADDRESS:

ATTENDING THE

Andrew's Bike Hike

(NAME OF ACTIVITY)

ORGANISED BY:

(NAME OF RESPONSIBLE FORMATION)

from **10:00 AM** (time)

24-Oct-2004 (date)

to

3:00 PM (time)

24-Oct-2004 (date)

AGE OF YOUTH MEMBER (THIS YR):

Years

Can he or she swim?

HEALTH / FITNESS ASPECTS OF YOUTH MEMBER THAT MAY REQUIRE SPECIAL ATTENTION, INCLUDING ALLERGIES

MEDICARE NUMBER:

OTHER HEALTH FUND

IN CASE OF EMERGENCY CONTACT

TELEPHONE:

I consent to his / her participation in:

swimming activities

water/boating activities

(if applicable)

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:Dated/.....

PAID:	<input type="checkbox"/>	Cash / Cheque	AMOUNT	\$ <input style="width: 40px;" type="text"/>
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