



New South Wales
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ACTIVITY NOTIFICATION FORM
PART III PARENTS' ADVICE
Full Uniform

FORMATION

ACTIVITY

Branch Rally

LOCATION

Cateract Scout Park - Appin

LEAVING TIME

5:00 PM

DATE

12-Aug-2005

PLACE

Scout Hall

RETURNING TIME

6:00 PM

DATE

14-Aug-2005

PLACE

Scout Hall

Name of Activity Leader

Kahn

Phone

(02) 96866024

Method of Transport to and from activity

Leaders / Parents Cars

Cost \$12.00

payable to

Scouts NSW

by (date) Friday, 12 August 2005

ADDITIONAL DETAILS

Money will also be required for food. PLs are in charge of this as well as any other camp information

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:

0429618770

The activity will be under direct adult supervision

The activity will involve both male and female youth members

Both male and female leaders will be present

PARENTS - PLEASE KEEP THE ABOVE FOR REFERENCE

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PARENT CONSENT:

TO BE RETURNED TO SECTION LEADER PRIOR TO ACTIVITY COMMENCING

I CONSENT TO

(NAME OF YOUTH MEMBER)

MEMBERSHIP No:

[Empty box for membership number]

OF

SCOUT GROUP

ADDRESS:

ATTENDING THE

Branch Rally

(NAME OF ACTIVITY)

ORGANISED BY:

(NAME OF RESPONSIBLE FORMATION)

from 5:00 PM (time) 12-Aug-2005 (date) to 6:00 PM (time) 14-Aug-2005 (date)

AGE OF YOUTH MEMBER (THIS YR):

Years

Can he or she swim?

[Empty box for swimming ability]

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

MEDICARE NUMBER:

[Empty box for Medicare number]

OTHER HEALTH FUND

IN CASE OF EMERGENCY CONTACT

TELEPHONE:

I consent to his / her participation in:

swimming activities

[Swimming consent box]

water/boating activities

[Water/boating consent box]

flying activities

[Flying consent box]

(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:

[Paid checkbox]

Cash / Cheque

AMOUNT

\$

[Amount box]