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

ACTIVITY **Aj Troop 316 - Reunion Camp**
FORMATION **1st Winston Hills / 1st Ermington / 1st Rydalmere**
LOCATION **Glenrock Lagoon - Scout Training Centre, Newcastle**
LEAVING TIME **5:31 PM** DATE **Fri, 23 March 2007** PLACE **Epping Station**
RETURNING TIME **6:00 PM** DATE **Sun, 25 March 2007** PLACE **Epping Station**
Name of Activity Leader **Ian Shield (Kahn)** Phone **(02) 96866024**
Method of transport to and from activity **Train / Hike**
Cost $ **35.00** payable to **1st Winston Hills Scout Group** by (date) **Sat, 24 March 2007**

ADDITIONAL DETAILS
Cost above covers food and camping. An additional $15.20 / Scout required for the train fare. All Scouts will Need to bring there gear in a hiking pack, torch and wear good footwear (Hike is about 6km each way)

EMERGENCY CONTACT
If you feel that your child is overdue in returning from the activity, you should contact:
John Hardiman Home Phone **(02) 9836 2964** Mobile **((042) 3183 677**

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 **Aj Troop 316 - Reunion Camp**
ORGANISED BY **1st Winston Hills / 1st Ermington / 1st Rydalmere**
FROM **5:31 PM** (time) **Fri, 23 March 2007** (date) TO **6:00 PM** (time) **Sun, 25 March 2007** (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 ( ) ________

If you have any questions please contact: ______________ ***On:*** ________

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 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 ____________