



New South Wales
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ACTIVITY NOTIFICATION FORM
PART III PARENTS' ADVICE
No Uniform

FORMATION

ACTIVITY

Grand Canyon Hike

LOCATION

Blue Mountains National Park

LEAVING TIME

4:45 PM

DATE

20-May-2005

PLACE

Toongabbie Station

RETURNING TIME

5:30 PM

DATE

22-May-2005

PLACE

Toongabbie Station

Name of Activity Leader

Kahn

Phone

(02) 96866024

Method of Transport to and from activity

Train

Cost \$10.00

payable to

CASH

by (date) Friday, 20 May 2005

ADDITIONAL DETAILS

There will be a \$9.80 cost for the train (bring it with you) as well as a food component (refer to hike leaders). It Will be cool in the mountains so remember hypothermia when packing. There are 9 teams.

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 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:

[Box for membership number]

OF

SCOUT GROUP

ADDRESS:

ATTENDING THE

Grand Canyon Hike

(NAME OF ACTIVITY)

ORGANISED BY:

(NAME OF RESPONSIBLE FORMATION)

from 4:45 PM (time) 20-May-2005 (date) to 5:30 PM (time) 22-May-2005 (date)

AGE OF YOUTH MEMBER (THIS YR):

Years

Can he or she swim?

[Box for swim answer]

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

MEDICARE NUMBER:

[Box for Medicare number]

OTHER HEALTH FUND

IN CASE OF EMERGENCY CONTACT

TELEPHONE:

I consent to his / her participation in:

swimming activities

[Swimming checkbox]

water/boating activities

[Water/boating checkbox]

flying activities

[Flying checkbox]

(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: [] Cash / Cheque AMOUNT \$ []