



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

FORMATION 1st Winston Hills Scouts
ACTIVITY Group Camp
LOCATION Glenrock Scout Camp - Newcastle
LEAVING TIME 4:30 PM DATE 10-Mar-06 PLACE Croypley Drive Bus Stop
RETURNING TIME 6:00 PM DATE 12-Mar-06 PLACE Epping Station
Name of Activity Leader Kahn Phone (02) 96866024
Method of Transport to and from activity Bus / Train / Hike
Cost \$35.00 payable to 1st Winston Hills Scout Group by (date) Thursday, 23 February 2006

ADDITIONAL DETAILS
Refer to webpage "http://www.winstonhillsscoutgroup.com/group\_camp.html"

EMERGENCY CONTACT

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

Natalie Shield Home Phone: (02) 96866024 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: [ ] OF [ ] SCOUT GROUP

ADDRESS:

ATTENDING THE Group Camp (NAME OF ACTIVITY)

ORGANISED BY: (NAME OF RESPONSIBLE FORMATION)

from 4:30 PM (time) 10-Mar-06 (date) to 6:00 PM (time) 12-Mar-06 (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 [ ] flying 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: [ ] Cash / Cheque AMOUNT \$ [ ]