



New South Wales
 P O Box 125 Lidcome (PO)
 NSW 1825
 Phone: 02 9735 9000
 Fax: 02 9735 9001
 e-mail: info@nsw.scouts.com.au

ACTIVITY NOTIFICATION FORM
PART III PARENTS' ADVICE

Full Uniform

FORMATION **1st Winston Hills Scouts**
 ACTIVITY **Ice Skating-Sydney Ice Arena**
 LOCATION **Solent Circuit - Norwest Business park**
 LEAVING TIME **7:15 PM** DATE **07-Dec-06** PLACE **Ice Rink**
 RETURNING TIME **9:30 PM** DATE **07-Dec-06** PLACE **Ice Rink**
 Name of Activity Leader **Kahn** Phone **(02) 96866024**
 Method of Transport to and from activity **Parents Cars**
 Cost **\$11.00** payable to **Cash only Correct money please** by (date) **Thursday, 7 December 2006**

ADDITIONAL DETAILS

This is a bring a friend night. All skaters are at the cost on \$11.00 providing we get more than 30 skaters .. Please bring your friends along so we can get this discount. Normal cost is \$13,.00 per head.

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

ACTIVITY REPLY: To be returned to the Section Leader by **7/12/2006** whether or not your child is attending

CHILD'S NAME: MEMBERSHIP No:

ADDRESS:

SCOUT GROUP: **1st Winston Hills Scouts**

Will be () Will not be () ATTENDING THE **Ice Skating-Sydney Ice Arena**

ORGANISED BY: **1st Winston Hills Scouts** (NAME OF RESPONSIBLE FORMATION)

from **7:15 PM** (time) **07-Dec-06** (date) to **9:30 PM** (time) **07-Dec-06** (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 (THIS YR): **[]** Years Can he or she swim? **YES / NO**

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

MEDICARE NUMBER: EXPIRY DATE: _____ / _____

OTHER HEALTH FUND: MOBILE NO:
 IN CASE OF EMERGENCY CONTACT TELEPHONE:

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: Dated/...../.....

PAID: Cash / Cheque AMOUNT \$