



New South Wales Branch
 "The Bunyas" 5 Rogers Avenue
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 Haberfield NSW 2045
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ACTIVITY NOTIFICATION FORM
PART III PARENTS' ADVICE
Full Uniform

FORMATION

ACTIVITY LAZER-RUNNER
LOCATION 17 1st Avenue, Blacktown
LEAVING TIME 7:30 PM DATE 21-Oct-2004 PLACE Blacktown
RETURNING TIME 9:30 PM DATE 21-Oct-2004 PLACE Blacktown
Name of Activity Leader Maggie Phone (02) 96397078
Method of Transport to and from activity Parents Cars
Cost \$19.00 payable to CASH by (date) Thursday, 21 October 2004

ADDITIONAL DETAILS

To reduce cost, please bring your own drink and munchies. Cost is for 3 games of 7 minutes each.

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: 0

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: OF _____ SCOUT GROUP

ADDRESS:

ATTENDING THE **LAZER-RUNNER** (NAME OF ACTIVITY)

ORGANISED BY: _____ (NAME OF RESPONSIBLE FORMATION)

from **7:30 PM** (time) **21-Oct-2004** (date) to **9:30 PM** (time) **21-Oct-2004** (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 (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:	<input type="checkbox"/>	Cash / Cheque	AMOUNT	\$	<input type="text"/>
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