



New South Wales
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ACTIVITY NOTIFICATION FORM
PART III PARENTS' ADVICE

Full Uniform

FORMATION

ACTIVITY District Widegame
LOCATION Parramatta / Sydney City
LEAVING TIME 9:00 AM **DATE** 04-Nov-07 **PLACE** Parramatta Park
RETURNING TIME 5:00 PM **DATE** 04-Nov-07 **PLACE** Parramatta Park
Name of Activity Leader Kahn **Phone** (02) 96866024
Method of Transport to and from activity Bus / Train / Ferry / Walk
Cost \$5.00 payable to **CASH** by (date) **Thursday, 4 October 2007**

ADDITIONAL DETAILS

All additional details are available on the web: <http://www.winstonhillsscoutgroup.com/Photowidegame.htm>
 Registration link is also on site. Minimum Patrol number is 5 Scouts.

EMERGENCY CONTACT

If you feel that your son or daughter is overdue in returning from the activity, you should contact:
 Home Phone: (02) 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 NOT be present

PARENTS - PLEASE KEEP THE ABOVE FOR REFERENCE

ACTIVITY REPLY: To be returned to the Section Leader by **4/10/2007** whether or not your child is attending

CHILD'S NAME: **MEMBERSHIP No:**

ADDRESS:

SCOUT GROUP:

Will be () Will not be () ATTENDING THE **District Widegame**

ORGANISED BY: (NAME OF RESPONSIBLE FORMATION)

from **9:00 AM** (time) **04-Nov-07** (date) to **5:00 PM** (time) **04-Nov-07** (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 \$