



New South Wales Branch  
 "The Bunyas" 5 Rogers Avenue  
 P O Box 115  
 Haberfield NSW 2045  
 Phone: 02 9799 9244  
 Fax: 02 9799 5460  
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**ACTIVITY NOTIFICATION FORM**  
**PART III PARENTS' ADVICE**  
**Full Uniform**

**FORMATION**

**ACTIVITY**

**Swimming Carnival Practice**

**LOCATION**

**Wenty Pool**

**LEAVING TIME**

**6:00 PM**

**DATE**

**17-Feb-2005**

**PLACE**

**Wenty Pool**

**RETURNING TIME**

**8:00 PM**

**DATE**

**17-Feb-2005**

**PLACE**

**Wenty Pool**

**Name of Activity Leader**

**Kahn**

**Phone**

**(02) 96866024**

**Method of Transport to and from activity**

**Parents Cars**

**Cost**

**\$3.00**

payable to

**Cash Only**

by (date) **Thursday, 17 February 2005**

**ADDITIONAL DETAILS**

**Bring a change of dry clothes for the return home. PLs to organise a lilo for their Patrol.**

**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:

**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

**Swimming Carnival Practice**

(NAME OF ACTIVITY)

ORGANISED BY:

(NAME OF RESPONSIBLE FORMATION)

from **6:00 PM** (time) **17-Feb-2005** (date) to **8:00 PM** (time) **17-Feb-2005** (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 style="width: 50px;" type="text"/>
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