



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

FORMATION

ACTIVITY

Swimming Carnival Practice

LOCATION

Wenty Pool

LEAVING TIME

7:00 PM

DATE

12-Feb-04

PLACE

Wenty Pool

RETURNING TIME

9:00 PM

DATE

12-Feb-04

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

by (date) **Thursday, 12 February 2004**

ADDITIONAL DETAILS

Bring swimmers and change into them at the pool

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 **7:00 PM** (time)

12-Feb-04

(date)

to

9:00 PM (time)

12-Feb-04

(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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