



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** Swimming Practice - Blacktown  
**LOCATION** Leisure Centre, Sentry Drive, Stanhope Gardens  
**LEAVING TIME** 7:15 PM **DATE** 21-Feb-08 **PLACE** Stanhope Gardens  
**RETURNING TIME** 9:00 PM **DATE** 21-Feb-08 **PLACE** Stanhope Gardens  
**Name of Activity Leader** Maggie **Phone** (02) 96397078  
**Method of Transport to and from activity** Parents Cars  
**Cost** \$3.30 payable to **Cash** by (date) **Thursday, 21 February 2008**

**ADDITIONAL DETAILS**

**Please bring. Swimmers, Towel, Change of clothes to wear in pool for new game Goggles in need.**  
**Each patrol will require airbed. & Tyre.**  
**Venue is on corner Sentry Drive & Stanhope Parkway, Stanhope Gardens.**  
**Please ensure correct money is brought along with permission notes for both this night and carnival**

**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)** Mobile: **0423072656**

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 **21/02/2008** 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 **Swimming Practice - Blacktown**

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

from **7:15 PM** (time) **21-Feb-08** (date) to **9:00 PM** (time) **21-Feb-08** (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** \$ .....