



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 Trial Competition Camp
LOCATION Bundilla
LEAVING TIME 8:00 AM DATE 19-Aug-06 PLACE Scout Hall
RETURNING TIME 4:30 PM DATE 20-Aug-06 PLACE Scout Hall
Name of Activity Leader Kahn Phone (02) 96866024
Method of Transport to and from activity Parents Cars
Cost \$8.00 payable to 1st Winston Hills by (date) Thursday, 17 August 2006

ADDITIONAL DETAILS

Patrol Leaders will organise camp and food for weekend. Cost of food is estimated at \$20 per person. Please give this to your PL for shopping in cash. Please notify your PL if you have sporting commitments.

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: 0409788270

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 17/08/2006 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 Trial Competition Camp

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

from 8:00 AM (time) 19-Aug-06 (date) to 4:30 PM (time) 20-Aug-06 (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 \$ []