



New South Wales
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ACTIVITY NOTIFICATION FORM
PART III PARENTS' ADVICE
Full Uniform

FORMATION

ACTIVITY Patrol - Comp Camp Trial
LOCATION Bundilla

LEAVING TIME 8:00 AM DATE 30-Jul-2005 PLACE Scout Hall
RETURNING TIME 5:00 PM DATE 31-Jul-2005 PLACE Scout Hall
Name of Activity Leader Kahn Phone (02) 96866024
Method of Transport to and from activity Parents Cars
Cost \$4.00 payable to Cash by (date) Saturday, 30 July 2005

ADDITIONAL DETAILS
Food will be in addition to the above camp fee

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: 0

The activity WILL NOT 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

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 Patrol - Comp Camp Trial (NAME OF ACTIVITY)

ORGANISED BY: (NAME OF RESPONSIBLE FORMATION)

from 8:00 AM (time) 30-Jul-2005 (date) to 5:00 PM (time) 31-Jul-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 [] flying 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: [] Cash / Cheque AMOUNT \$ []