



Scouts Australia NSW  
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**ACTIVITY NOTIFICATION FORM**  
**PART I - PARTICIPANTS & PARENTS' ADVICE**  
 (THIS PAGE IS TO BE KEPT BY PARTICIPANTS)

ACTIVITY **Overnight hike Royal National Park.**

FORMATION **1<sup>st</sup> Winston Hills**

LOCATION **Meet at Seven Hills or Toongabbie Stations at 6:40 for a 6:57 train**

LEAVING TIME	<b>6:40 AM</b>	DATE	<b>Sat, 12 September 2009</b>	PLACE	<b>Train Station</b>
RETURNING TIME	<b>4:50 PM</b>	DATE	<b>Sun, 13 September 2009</b>	PLACE	<b>Train Station</b>
Name of Activity Coordinator	<b>Julie</b>			Phone	<b>( 02 ) 96244637</b>
Method of transport to and from activity	<b>Parents to get Venturers to station of choice</b>				
Cost \$ <b>3.00</b>	payable to	<b>Julie</b>		by (date)	<b>12/8/09</b>

**ADDITIONAL DETAILS**

You will also need \$3.60 for the train each way and \$3 each way if we are able to catch the tram into the park. i.e. \$13.20 per child/student and \$22.40 per adult.  
 Light weight hiking. Bring at least 4 lit of water as water in the park is very unreliable. Try and share tentage where possible. I will be meeting you in the park. Kym will pickup the train at Seven Hills Station and Warwick at Toongabbie station. Swimming may be available at lunch stop and campsite.

**EMERGENCY CONTACT**

If you feel that the participant is overdue in returning from the activity, you should contact the nominated PARENTS CONTACT:

Name **John Hardiman** Home Phone **(02) 86655867** Mobile **(0409) 031597**

The activity	<input checked="" type="checkbox"/>	will	<input type="checkbox"/>	will not	be under direct adult supervision
The activity	<input checked="" type="checkbox"/>	will	<input type="checkbox"/>	will not	involve both male and female youth members
Both male and female Leaders	<input checked="" type="checkbox"/>	will	<input type="checkbox"/>	will not	be present

**More information about this activity:**

Tents  
 4lit water per person  
 Food  
 Map and compass  
 Clothing  
 1<sup>st</sup> Aid kit

Membership No \_\_\_\_\_

**ACTIVITY PARTICIPATION AND  
MEDICAL FORM**  
**PART II - PARTICIPANTS & PARENTS' ADVICE**  
**(To be completed and returned for All Participants)**

Activity Name: **Overnight hike Royal National Park.**  
Activity No: \_\_\_\_\_  
Activity Fee: **\$3.00**

Activity Coordinator: **Julie** Date/s: \_\_\_\_\_ Closing Date: \_\_\_\_\_

**Activity Particulars:** Attendance:  Friday  Saturday  Sunday  Days Only  
 ALL  Friday Night  Saturday Night  Sunday Night  Other

Member:  Joey Scout  Cub Scout  Scout  Venturer Scout  Rover  Leader  Non Member (Helper/Instructor)

Your Transport to Activity:  Private  Bus  Other: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Town/ City: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: NSW

Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Religion/Faith: \_\_\_\_\_

Group: \_\_\_\_\_ Section: \_\_\_\_\_

In case of Emergency contact: \_\_\_\_\_ Address: \_\_\_\_\_

Town/ City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent Consent (Applicants under 18) I consent to my child's Activity participation in

Swimming  Water/Boating  Rock Related Activities  Abseiling  Flying Fox  Flying

If the participant suffers from any chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare. Please attach any Medical Plans if they apply.

Can Swim 50 metres:  Yes  No Diabetes:  Yes  No  Severe  Mild

Epilepsy:  Yes  No  Severe  Mild Asthma:  Yes  No  Severe  Mild

Does the applicant suffer from any physical disabilities?  Yes  No \_\_\_\_\_

Does the applicant have any known allergies, including drugs or food allergies? (i.e. Penicillin, Egg, Bee Sting, Hay Fever, other Drug or Food allergies).  Yes  No \_\_\_\_\_

Will the applicant have any medication at the activity? (i.e. By Injection, Tablet, Capsule, Penicillin, Insulin, other Drugs).  Yes  No

Name of Drug: \_\_\_\_\_

Dosage: \_\_\_\_\_ How often? \_\_\_\_\_

Administered by  Self or  whom: \_\_\_\_\_

Has applicant any special food requirements? (for Medical, Religious)  Yes  No \_\_\_\_\_

Date of last Tetanus Injection: \_\_\_\_\_ or  Unknown Medicare Number: \_\_\_\_\_

Name of Medical Fund: \_\_\_\_\_ Position on Medicare Card: \_\_\_\_\_

Ambulance Fund Cover:  Yes  No

**This must be completed for ALL applicants, or their Parent/Guardian if under 18 years**

**Medical Authority** 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 anesthetic 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).

If you have any questions please contact Julie on (02) 96244637

	Signature	Print Name	Date
Applicant:	_____	_____	_____
Parent/Guardian:	_____	_____	_____
Leader:	_____	_____	_____