New South Wales
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ACTIVITY NOTIFICATION FORM
PART I PARENTS' ADVICE
(To be completed for members under 18)

ACTIVITY **3 Day Hike**
FORMATION **1st Winston Hills Venturers**
LOCATION **Leura - Mt Victoria via Grose Valley**
LEAVING TIME **7:30 AM** DATE **Sun, 28 September 2008** PLACE **Blacktown Station**
RETURNING TIME **4:00 PM** DATE **Tue, 30 September 2008** PLACE **Blacktown Station**
Name of Activity Leader **Julie** Phone **(02) 9624 4637**
Method of transport to and from activity **Train**
Cost $ **9.60** payable to **Train Ticket A$19.20 C $9.60** by (date) **Sun, 28 September 2008**

ADDITIONAL DETAILS
Light weight hiking. Self catered. Bring a compass and 2-3 lit water. Water from the Grose River isn't safe for Drinking so bring puritabs. Arrange to share tentage and cooking gear if possible.

EMERGENCY CONTACT
If you feel that your child is overdue in returning from the activity, you should contact:
Lindsay Home Phone **(02) 9624 4637** Mobile ( )

The activity	will	☒	will not	☐	be under direct adult supervision
The activity	will	☒	will not	☐	involve both male and female youth members
Both male and female Leaders	will	☒	will not	☐	be present

PARENTS - PLEASE KEEP THE ABOVE FOR REFERENCE

✂ -

ACTIVITY REPLY: **To be returned to the Section Leader by** **24th September** **whether or not your child is attending**

CHILD'S NAME ____________ MEMBERSHIP NO ☐☐☐☐☐☐
ADDRESS ____________
SCOUT GROUP ____________

Will be ☐ **Will Not be** ☐ ATTENDING THE **3 Day Hike**
ORGANISED BY **1st Winston Hills Venturers**
FROM **7:30 AM** (time) **Sun, 28 September** (date) TO **4:00 PM** (time) **Tue, 30 September** (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 ______ Years Can he or she swim? ______
HEALTH / FITNESS ASPECTS OF YOUTH MEMBER THAT MAY REQUIRE SPECIAL ATTENTION, INCLUDING ALLERGIES

____
____

MEDICARE NUMBER ☐☐☐☐ ☐☐☐☐☐ ☐ EXPIRY DATE ____ / ____
OTHER HEALTH FUND ____________
IN CASE OF EMERGENCY CONTACT ____________ TELEPHONE ( )

If *you have any questions please contact:* **Julie** ***On:*** **96244637**

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: ____________ Print Name ____________ Date ____________