



Scouts Australia NSW
 Level 1, Quad 3
 102 Bennelong Parkway
 Sydney Olympic Park NSW 2127

PO Box 125
 Lidcombe NSW 1825
 Ph: 02 9735 9000 Fax: 02 9735 9001
 e-mail: info@nsw.scouts.com.au

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

ACTIVITY **Baha'i Temple**

FORMATION **1st Winston Hills Venturer unit**

LOCATION **173 Mona Vale Road, Ingleside/Terry Hills**

LEAVING TIME **10:00 AM** DATE **3-5-09** PLACE **Baha'i Temple**

RETURNING TIME _____ DATE _____ PLACE _____

Name of Activity Coordinator **Kym Partridge** Phone **(0404) 990 046**

Method of transport to and from activity **Parents Cars**

Cost \$ _____ payable to _____ by (date) _____

ADDITIONAL DETAILS

We are learning about the Baha'i faith as part of our venturer badge. see more information.

If you can fit extra people in your car please let me or Warwick know, as some venturers do not have transport.

EMERGENCY CONTACT

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

Name _____ Home Phone () _____ 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

More information about this activity:

The day will start at the Baha'i Temple (the big white domed building) on Mona Vale Rd. Terry Hills at 10:00AM. We will assemble for the educational talk and video about the Baha'i Faith. We will then attend the Baha'i service in the main temple.

You will be required to present a written report to the unit about the important differences and similarities between the bahai's beliefs and your own. (Ideals in new or old passbook)

If you have your own transport you can leave after the service if not:-

After the service (about 12:00PM.) we can use the temple gardens for a picnic lunch. There are tables and chairs, hot and cold water but you must bring your own picnic.

If it is a nice day we will probably go down to Mona Vale beach for a swim or if cold, walk on the beach or whatever. Information can include Maps, Gear Lists, Other Details, Region Activity Course Details Etc

Membership No _____

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

Activity Name: **Baha'i Temple**
Activity No: _____
Activity Fee: \$ _____

Activity Coordinator: **Kym Partridge** 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 **Kym Partridge** on **(0404) 990 046**

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