



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

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 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 | Budawangs Hike | | |
| FORMATION | 1st Winston Hills Venturer Unit | | |
| LOCATION | Budawangs wilderness area | | |
| LEAVING TIME | 6:00 PM | DATE | Thu, 9 April 2009 |
| RETURNING TIME | 5:00 PM | DATE | Mon, 13 April 2009 |
| Name of Activity Coordinator | Warwick O'keeffe | | PLACE Hall |
| Method of transport to and from activity | Parents cars | | PLACE Hall |
| Cost \$ 10.00 | payable to | Warwick | Phone (0427) 102622 |
| | | | by (date) Mon, 13 April 2009 |

ADDITIONAL DETAILS

Light weight hike. The area we are going to is rugged wilderness country. Bring leg and arm protection e.g. long pants and a long sleeve shirt. you will need food for Friday Saturday Sunday and Monday breakfast and maybe lunch. Water will be available so you only need to bring enough for 1 days hiking say 2 litres. You will need a tent so please arrange to share if possible. We will probably cave camp when we can. Fires are not allowed so a stove is essential.

EMERGENCY CONTACT

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

Name **Ann O'keeffe** Home Phone **(9863) 6750** Mobile **(0412) 271700**

| | | | | | |
|------------------------------|-------------------------------------|------|--------------------------|----------|--|
| 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:

Thursday the 9th
 Assemble at hall at 6:00Pm. Thursday night and depart a.s.a.p. for Wog Wog Creek Campsite, on arrival set up camp and settle in.
 If you do not have dinner before hand bring some money to buy dinner on the way to Wog Wog.
 10-4-09
 Using Corang 8927-3n 3rd. edition proceed to Trawalla falls via Sedden Pass the Corang arch and Mt Bibbenluke set up a cave camp for the night.
 11-4-09
 Taking a day pack - proceed to monolith valley, Hidden valley, the green room and the Castle returning to base camp
 12-4-09
 procede from the cave to the Wog Wog Creek Campsite via corang peak
 13-4-09
 Return to Sydney
 .

Membership No **191737**

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

Activity Name: **Budawangs Hike**
Activity No: _____
Activity Fee: **\$10.00**

Activity Coordinator: **Warwick O'keeffe** 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 **Warwick O'keeffe** on **(0427) 102622**

Signature _____ Print Name _____ Date _____
Applicant: _____
Parent/Guardian: _____
Leader: _____ warwick O'Keeffe _____



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ACTIVITY NOTIFICATION FORM
PART III - ACTIVITY & RESCUE INFORMATION

(To be used for all outdoor activities away from the hall or overnight or all air / alpine / rock related / water or other potentially dangerous activities.)

Formation 1st Winston Hills Venturer Unit

Activity Budawangs Hike

Location of Activity Budawangs wilderness area

Map Name Corang 8927-3N Map Date 2007 Map Ref _____

PROPOSED ROUTE (include dates, overnight stops etc)

From Wog Wog proceed via corang peak to Trawalla cave campsite spend the night - Saturday explore monolith valey and return to Trawalla cave. Sunday return via corang peak to Wog Wog Ck. Campsite. Monday return to sydney.

ALTERNATIVE ROUTES / VARIATION / ESCAPE ROUTE

We can exit via The Castle track and the western diatributor at Yadboro or
We can exit north at sasafra campsite

Vehicles left at Wog Wog Creek Campsite
 Registration Numbers YOT564
 Nearest Police Station Milton

NSW Scout Region (where activity will be held) South Coast and Tablelands

Method of Transport Parents cars

Leaving Time 6:00 PM Date Thu, 9 April 2009

Returning Time 5:00 PM Date Mon, 13 April 2009

Rescue Call Time 6:00 PM Date Mon, 13 April 2009

Number Attending Youth 4 Leaders 3 Others _____ Total 7

Name of Activity Coordinator Warwick O'keeffe Phone (0427) 102622

Address 51 Rausch St Toongabbie

Has Activity Coordinator read relevant Branch Policies? Yes No

Certificate Required? Yes No Held by _____

Permits Obtained? (e.g. NPWS, Forests NSW) Yes No Not Required

Equipment

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Tents | <input checked="" type="checkbox"/> Day's food <u>4</u> | <input type="checkbox"/> GPS |
| <input checked="" type="checkbox"/> Waterproof jackets | <input checked="" type="checkbox"/> First Aid Kit | <input checked="" type="checkbox"/> Whistle, V Sheet, Mirror |
| <input checked="" type="checkbox"/> Sleeping bags | <input checked="" type="checkbox"/> Matches | <input type="checkbox"/> Other (list) _____ |
| <input type="checkbox"/> EPIRB | <input checked="" type="checkbox"/> Map & compass | |

PARTICIPANTS Attach list of participants to copies of form left with Home Contact, local authority and Local Activity Coordinator

| Name | Address | Telephone |
|------------------|---------------------------------|---------------|
| Warwick O'keeffe | 51 Rausch St. Toongabbie | (0427) 102622 |
| Kym Partridge | 10 Beethoven Street Seven Hills | (02) 86780464 |
| Julie Mcewan | 19 Peel Rd Baulkham Hills | (02) 96244637 |
| Lauren Sara | 68 Mozart Street Seven Hills | (02) 9862848 |
| Nicole Ingles | 43 Pye Street Northmead | (02) 9639356 |
| Haydn Apps | 54 Anderson Road Kings Langley | (02) 98388933 |
| Sam Laybutt | 10 Beethoven Street Seven Hills | (02) 86780464 |
| Shannon McClure | 20 Patrine Place Bella Vista | (02) 9624674 |
| | | () |
| | | () |
| | | () |
| | | () |

Note: If insufficient spaces attach list.

ALARM:

Emergency or overdue alarm will be raised by 'Home Coordinator'.

IN CASE OF EMERGENCY CONTACT 1) FIRST EMERGENCY CONTACT

Home Coordinator John Hardiman Phone (02) 8665 5867 Mobile (0423) 072656
 Address _____

2) SECOND EMERGENCY CONTACT

Parents Contact Name Ann O'keeffe Phone (9863) 6750 Mobile (0412) 271700

Name of Local Activity Coordinator (LAC) Warren Goodall Phone (0409) 31597
 Address _____ Fax ()

I acknowledge that as the Activity Coordinator

I am responsible for this Activity

- Manages overdue party, keeping members safe;
- If possible, advises transport providers/Home Coordinator of revised arrangements;
- Ultimately prepares incident report; Delegates someone to notify ALL Parents of overdue status.

I acknowledge that as the Home Coordinator

I am available to act as the Home Coordinator

I will remain available, especially around finishing time;

- Raises alarm if assistance is required; Advises Local Activity Coordinator Party is overdue.

 (Signature of Activity Coordinator)

 Date

 (Signature of Home Coordinator)

 Date

Copies sent to:
 (14 days prior to activity)

- Parents Contact**
 Local Authority
 e.g, Police

- Regional Commissioner Activities at Your Region**
 Regional Office in Locality of Activity or Local Activity Coordinator

NSW STATE ACTIVITY POLICIES

(see Organisation and Information Handbook – www.nsw.scouts.com.au)

Please list all relevant NSW Activities Policies that apply to this activity (eg Rockcraft, Water activities etc)