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

ACTIVITY Initiative Course  
 FORMATION Greater Western Sydney Region Venturers  
 LOCATION Blue Mountains National Park  
 LEAVING TIME \_\_\_\_\_ DATE Sat, 23 May 2009 PLACE \_\_\_\_\_  
 RETURNING TIME \_\_\_\_\_ DATE Sun, 24 May 2009 PLACE \_\_\_\_\_  
 Name of Activity Coordinator Stephen Wallace Phone ( 0438 ) 824 923  
 Method of transport to and from activity Own  
 Cost \$ 25.00 payable to Gws Region Office by (date) Fri, 1 May 2009

**ADDITIONAL DETAILS**

Leaving and returning time vary from participant to participant and will be advised on acceptance into course.

Forms and payment must be recieved at GWS Region Office (6 Baden Powell Place Winston Hills NSW 2153) by 3:30pm on the 1st May 2009. Late Applications will not be accepted

**EMERGENCY CONTACT**

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

Name Kelly Ellwood Home Phone (02) 47304159 Mobile (0438) 824 923

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 Initiative Course forms part of the Venturer Scout Award Scheme.

Participants are required to have completed thier Venturing Skills Award.

This is an outdoors course that may include Rock and Water based activities. The course will involve hiking in difficult terrain.

Venturer Scout Leaders will be required to confirm applicants meet criteria and provide information on thier skill levels in several areas. This will happen via email once applications have closed.

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

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

Activity Name: Initiative Course

Activity No: GWSVSC0209

Activity Fee: \$25.00

Activity Coordinator: Stephen Wallace Date/s: 23/24 May 2009 Closing Date: 1/5/2009

<b>Activity Particulars:</b>	<b>Attendance:</b>	<input type="checkbox"/> Friday	<input checked="" type="checkbox"/> Saturday	<input checked="" type="checkbox"/> Sunday	<input type="checkbox"/> Days Only
		<input type="checkbox"/> ALL	<input type="checkbox"/> Friday Night	<input checked="" type="checkbox"/> Saturday Night	<input checked="" type="checkbox"/> Sunday Night

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

Your Transport to Activity:  Private  Bus  Train  Other:

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

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

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

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

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

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

<b>In case of Emergency contact:</b> _____	<b>Address:</b> _____
<b>Town/ City:</b> _____	<b>Postcode:</b> _____
<b>Postcode:</b> _____	<b>Telephone:</b> _____

**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? \_\_\_\_\_

Has applicant any special food requirements? (for Medical, Religious)

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

Yes  No \_\_\_\_\_

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

Medicare Number: \_\_\_\_\_

Position on Medicare Card: \_\_\_\_\_

Name of Medical Fund: \_\_\_\_\_

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 Stephen Wallace on (438) 824 923

Signature

Print Name

Date

Applicant: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Leader: \_\_\_\_\_