



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

ACTIVITY	<b>Iceblocking</b>		
FORMATION	<b>1<sup>st</sup> Winston Hills</b>		
LOCATION	<b>Melody Gardens Beethoven Street Seven Hills</b>		
LEAVING TIME	<b>7:30 PM</b>	DATE	<b>Wed, 4 February 2009</b>
RETURNING TIME	<b>9:00 PM</b>	DATE	<b>Wed, 4 February 2009</b>
Name of Activity Coordinator	<b>Kym Partridge</b>		PLACE <b>Melody Gardens</b>
Method of transport to and from activity	<b>Parents cars</b>		PLACE <b>Melody Gardens</b>
Cost \$ <b>4.00</b>	payable to <b>Kym</b>	by (date)	<b>Wed, 4 February 2009</b>
		Phone	<b>( 0404 ) 990 046</b>

**ADDITIONAL DETAILS**

Shirts and scarves, be prepared to get grass stains etc on cloths.

**EMERGENCY CONTACT**

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

Name **Kym Partridge** Home Phone **(02) 8678 0464** Mobile **(0404) 990 046**

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:**

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: **Iceblocking**  
Activity No: \_\_\_\_\_  
Activity Fee: **\$4.00**

Activity Coordinator: **Kym Partridge** Date/s: **4/02/2009** Closing Date: \_\_\_\_\_

**Activity Particulars:**

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