



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

ACTIVITY McDonalds Formal Night

FORMATION 1<sup>st</sup> Winston Hills

LOCATION Norwest McDonalds

LEAVING TIME 7:30 PM DATE Wed, 4 March 2009 PLACE Norwest Mcdonalds

RETURNING TIME 9:00 PM DATE Wed, 4 March 2009 PLACE Norwest Mcdonalds

Name of Activity Coordinator Sam Small Phone ( 04 ) 3011 6556

Method of transport to and from activity Parents Cars

Cost \$ 15.00 payable to Used On The Night For Dinner by (date) Wed, 4 March 2009

**ADDITIONAL DETAILS**

Formal dress. Also bring plates cutlery, table cloth, wine glass (fancy glass or plastic wine glass) to drink from and candle holder (with candles) if you have one. Just remember don't bring the families best china cutlery etc incase it gets lost broken.

**EMERGENCY CONTACT**

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

Name Kym Home Phone (02) 9678 6404 Mobile (0404) 990046

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: McDonalds Formal Night

Activity No: \_\_\_\_\_

Activity Fee: \$15.00

Activity Coordinator: Sam Small Date/s: \_\_\_\_\_ Closing Date: \_\_\_\_\_

<b>Activity Particulars:</b>	<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  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>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 Kym Partridge on (404) 990046

Signature

Print Name

Date

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

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

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