



New South Wales
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ACTIVITY NOTIFICATION FORM
PART I PARENTS' ADVICE
 (To be completed for members under 18)

ACTIVITY Hike Budawangs
 FORMATION 1st Winston Hills Venturers
 LOCATION Morton National Park
 LEAVING TIME 6:30 PM DATE Fri, 23 March 2007 PLACE Hall
 RETURNING TIME 5:00 PM DATE Sun, 25 March 2007 PLACE Hall
 Name of Activity Leader Julie Mcewan (Maranooka) Phone (02) 9624 4637
 Method of transport to and from activity Parents cars
 Cost \$ 10.00 payable to Julie For Petrol (Unless Helping) by (date) Wed, 14 March 2007

ADDITIONAL DETAILS
Self-catered light weight hike. Will need tents Fri night but will leave in cars for walk (cave camping Sat. night)
Rugged terrain ensure everything is inside pack. Will need long pants or gaters. Water avail. - only carry 2 lit.

EMERGENCY CONTACT
 If you feel that your child is overdue in returning from the activity, you should contact:
Lindsay Home Phone (02) 96244637 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

PARENTS - PLEASE KEEP THE ABOVE FOR REFERENCE

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ACTIVITY REPLY: To be returned to the Section Leader by Wed, 14 March 2007 whether or not your child is attending

CHILD'S NAME _____ MEMBERSHIP NO

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 ADDRESS _____
 SCOUT GROUP 1st Winston Hills

Will be Will Not be ATTENDING THE Hike Budawangs
 ORGANISED BY 1st Winston Hills Venturers
 FROM 6:30 PM (time) Fri, 23 March 2007 (date) TO 5:00 PM (time) Sun, 25 March 2007 (date)

PARENT CONSENT (TO BE COMPLETED IF CHILD ATTENDING ACTIVITY) I consent to my child's participation in:
 swimming activities water/boating activities flying activities (if applicable)
 AGE of CHILD _____ Years Can he or she swim? _____
 HEALTH / FITNESS ASPECTS OF YOUTH MEMBER THAT MAY REQUIRE SPECIAL ATTENTION, INCLUDING ALLERGIES

MEDICARE NUMBER

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 EXPIRY DATE ____ / ____
 OTHER HEALTH FUND _____
 IN CASE OF EMERGENCY CONTACT _____ TELEPHONE ()

If you have any questions please contact: Julie Mcewan On: 96244637

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 anaesthetic 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).

Signed: _____ Print Name _____ Date _____