



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

ACTIVITY **Group Camp**

FORMATION

LOCATION **Glenrock Scout Camp - Newcastle**

LEAVING TIME **5:00 PM** DATE **10-Mar-06** PLACE **Cropley Drv M2 bus station**

RETURNING TIME **6:00 PM** DATE **12-Mar-06** PLACE **Epping Station**

Name of Activity Leader **Kym Partridge** Phone **(02) 0404 990 046**

Method of Transport to and from activity **Bus/Train/Hike**

Cost **\$35.00** payable to **1st Winton Hills Venturers** by (date) **Friday, 3 March 2006**

ADDITIONAL DETAILS

Ventures will catch the 5:21pm bus from Cropley Drive M2 bus station to Epping Station. They will then catch the 6:11pm train to Newcastle and hike to the Glenrock camp site. Bus, train fare will be approximately \$20.00 and is not included in the \$35.00 camp fees, they will also need to bring something for dinner on the train or money to buy

EMERGENCY CONTACT

If you feel that your son or daughter is overdue in returning from the activity, you should contact:

Lorraine Laybutt Home Phone: **(02) 96246581** Mobile: **0409925341**

The activity will be under direct adult supervision

The activity will involve both male and female youth members

Both male and female leaders will be present

PARENTS - PLEASE KEEP THE ABOVE FOR REFERENCE

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PARENT CONSENT: TO BE RETURNED TO SECTION LEADER PRIOR TO ACTIVITY COMMENCING

I CONSENT TO _____ (NAME OF YOUTH MEMBER)

MEMBERSHIP No: OF _____ SCOUT GROUP

ADDRESS:

ATTENDING THE **Group Camp** (NAME OF ACTIVITY)

ORGANISED BY: _____ (NAME OF RESPONSIBLE FORMATION)

from **5:00 PM** (time) **10-Mar-06** (date) to **6:00 PM** (time) **12-Mar-06** (date)

AGE OF YOUTH MEMBER (THIS YR): _____ Years Can he or she swim?

HEALTH / FITNESS ASPECTS OF YOUTH MEMBER THAT MAY REQUIRE SPECIAL ATTENTION, INCLUDING ALLERGIES

MEDICARE NUMBER: OTHER HEALTH FUND

IN CASE OF EMERGENCY CONTACT TELEPHONE:

I consent to his / her participation in:

swimming activities water/boating activities flying activities (if applicable)

I 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 abovenamed 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:Dated/...../..

PAID: Cash / Cheque AMOUNT \$