



PLEASE RETURN COMPLETED FORM TO THE ACTIVITY COORDINATOR

ACTIVITY NOTIFICATION FORM PART I - ACTIVITY PARTICIPATION AND MEDICAL FORM (This page is to be completed and returned for All Participants)

ACTIVITY DETAILS - (FOR FULL DETAILS PLEASE SEE PAGE 2)

ACTIVITY Indoor Climbing ACTIVITY NO
GROUP/FORMATION 1st Mosman 1908 Scout Group
LOCATION Rockhouse, Brookvale
START TIME (24hr) 15:00 DATE 27 July 2014
END TIME (24hr) 17:00 DATE 27 July 2014
Name of Activity Coordinator Bill Butler Phone 0415 429 653
Cost \$ 16 \$0.00 payable to: Cash, at site Closing Date:

PARTICIPANT DETAILS - TO BE COMPLETED BY ALL PARTICIPANTS OR PARENT/GUARDIAN IF UNDER 18 YEARS

GROUP/FORMATION: 1st Mosman 1908 Scout Group MEMBERSHIP NO
SURNAME: Given Names:
ADDRESS:
TOWN/CITY: STATE: POSTCODE:
TELEPHONE: MOBILE: EMAIL:
DATE OF BIRTH: GENDER: RELIGION/FAITH:

ATTENDANCE: ALL, Friday, Saturday, Sunday, Days Only, Friday Night, Saturday Night, Sunday Night, Other

In case of emergency contact: Telephone
Address: Suburb: Mobile

If the participant suffers from any chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provisions can be made for their welfare. Further details can be given on the reverse side. Please attach any Medical Plans if they apply.

Does the applicant suffer from any physical disabilities?
Date of last Tetanus Injection: or Unknown
Epilepsy: Yes Mild Severe
Diabetes: Yes Mild Severe
Asthma: Yes Mild Severe
Will the applicant have any medication at the activity? (i.e. By Injection, Tablet, Capsule, Penicillin, Insulin or other Drugs). Yes Name of Drug: Dosage: How often?
Administered by Self or whom:
Medicare Number:
Position on card:

PARENT CONSENT - TO BE COMPLETED BY PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18 YEARS

Can Swim 50 metres: Yes No
I consent to my child's Activity participation in
Swimming Water/Boating Rock Related Activities Abseiling Flying Fox Flying

MEDICAL AUTHORITY - TO BE COMPLETED BY ALL PARTICIPANTS OR PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18 YEARS

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: Bill Butler On: 0415 429 653

Participant
Parent/Guardian
Signature Print Name Date



New South Wales
 Level 1, Quad 3
 102 Bennelong Road
 HOMEBUSH BAY NSW 2127
 LIDCOMBE (PO) NSW 1825
 Phone: 02 9735 9000
 Fax: 02 9735 9001
 e-mail: info@nsw.scouts.com.au

FORM A1 (01/13)

ACTIVITY NOTIFICATION FORM
PART II PARTICIPANTS & PARENTSâ€™™
ADVICE

(This page is to be kept by participants)

ACTIVITY DETAILS

ACTIVITY Indoor Rock Climbing

GROUP/FORMATION 1st Mosman 1908 Scout Group - 1st Mosman Scout Troop

LOCATION Unit 4E "Winbourne Estate" 9 - 13 Winbourne Road, Brookvale

START TIME 15:00 DATE 27 July 2014 PLACE _____

END TIME 17:00 DATE _____ PLACE _____

Name of Activity Coordinator Bill Butler Phone 0415 429 653

Method of transport to and from activity _____

Cost \$ _____ payable to _____ by (date) _____

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

EMERGENCY CONTACT

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

_____ Phone _____ Mobile _____

ADDITIONAL DETAILS

Provide details about the activity. Can include gear lists, map references etc.

We will meet at Rockhouse, and enjoy 2 hours of climbing and "caving". Please come in uniform.

Dangers include falls, pinches, sprains, strains, fractures etc.
Parents are welcome to join. Scougalls are rostered helpers.

Scouts should bring full uniform, appropriate footwear, water.