



PLEASE RETURN COMPLETED FORM TO THE ACTIVITY COORDINATOR

ACTIVITY NOTIFICATION FORM PART 1 - 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: Day hike at Bantry Bay ACTIVITY NO:
GROUP/FORMATION: 1st Mosman 1908 Scout Group
LOCATION: Start at the parking lot, Burnt St, just west of Wakehurst Pkwy, Seaforth
START TIME (24hr): 3:00pm DATE: 24 August 2014
END TIME (24hr): 5:00pm DATE: 24 August 2014
Name of Activity Coordinator: Bill Butler Phone: 0415429653
Cost \$: \$0.00 payable to: 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?
[] Yes Details:
Does the applicant have any known allergies, including drugs or food allergies? (e.g. Penicillin, Eff, Bee Sting, Hay Fever, other Food or Drug allergies)
[] Yes Details:
Has the applicant any special food requirements? (for Medical, Religious)
[] Yes Details:
Medicare Number:
Position on card:
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:

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
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 LIDCOMBE (PO) NSW 1825
 Phone: 02 9735 9000
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FORM A1 (01/13)

ACTIVITY NOTIFICATION FORM
PART II PARTICIPANTS & PARENTS
ADVICE

(This page is to be kept by participants)

ACTIVITY DETAILS

ACTIVITY Day Hike at Bantry Bay

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

LOCATION Start at the parking lot at Burnt St, Seaforth, just west of Wakehurst Pkwy

START TIME 3:00pm DATE 24 Aug 2014 PLACE _____

END TIME 5:00 DATE 24 Aug 2014 PLACE Pickup is at the same parking lot, Burnt St Seaforth

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 the parking lot, and then walk down the steep incline to Bantry Bay, and walk along the lovely path in the afternoon sunshine.

Dangers on the hike include trips, falls, sprains etc, snakes, ticks and other critters.

Scouts should bring scarf, hat, appropriate footwear, snack, water, and rain gear if it's looking a bit wet.