



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: Basin Weekend Camp ACTIVITY NO: GROUP/FORMATION: Scouts / Venturers LOCATION: The Basin Campsite, Palm Beach START TIME (24hr): 8:30 DATE: 10-Dec-2016 FROM: Palm Beach Wharf FINISH TIME (24hr): 15:45 DATE: 11-Dec-2016 TO: Palm Beach Wharf Name of Activity Coordinator: Y. Raffi Nadjarian / K. Rojeeca Tchopourian Phone: 0414903809 / 0408698708 Cost: \$35 Payable to: Y. Raffi / K. Rojeeca by 2nd of Dec. Closing Date: Friday the 2nd of Dec. 2016 Method of transport to and from the activity: Own transport to Palm beach wharf, then ferry to the Basin Campsite.

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

GROUP/FORMATION: MEMBERSHIP NO. SECTION: Joey Scout Cub Scout Scout Venturer Rover Leader Helper / Instructor / Non Member SURNAME: GIVEN NAMES: ADDRESS: TOWN/CITY: STATE: POST CODE: TELEPHONE: MOBILE: E-MAIL: DATE OF BIRTH: GENDER: Male Female RELIGION/FAITH: (Optional)

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

In case of Emergency contact: Phone: Address: Suburb: Mobile:

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. Further details can be given on reverse side. Please attach any Medical Plans if they apply.

Does the participant have any physical disabilities? Details: Does the participant suffer from any of the following? Epilepsy: Level: Mild Severe Diabetes: Level: Mild Severe Asthma: Level: Mild Severe Will the participant have any medication at the activity? (i.e. Penicillin, Insulin or other Drugs administered by Injection, Tablet, Capsules, EpiPens or other). Name of Drug: Dosage: How Often: Administered by: self or whom: Medicare Number: Date of last Tetanus Injection: or unknown

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

Can the participant Swim 50 meters? Yes I consent to my childs participation in the following which may be a part of this Activity. Swimming Water/Boating Activities Rock Related Activities Abseiling Flying Fox Flying

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

I/We acknowledge that this activity will involve inherent and obvious risks. I/We authorise any officer, member, servant or agent 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 participant, 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).

If you have any questions please contact: Phone

Participant: Parent/Guardian (If Participant Under 18 Years) Signature Date Print Name



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ACTIVITY NOTIFICATION FORM
PART II - PARTICIPANTS & PARENTS ADVICE
 (This page is to be kept by participants)

ACTIVITY DETAILS

ACTIVITY: Basin Weekend Camp ACTIVITY NO: _____

GROUP/FORMATION: Scouts / Venturers

LOCATION: The Basin Campsite, Palm Beach.

START TIME (24hr): 8:30 DATE: 10-Dec-2016 FROM Palm Beach Wharf

FINISH TIME (24hr): 15:45 DATE: 11-Dec-2016 TO Palm Beach Wharf

Name of Activity Coordinator: Y. Raffi Nadjarian / K Rojeeca Tchopourian Phone: 0414903809 / 0408698708

Cost: \$35 Payable to: Y. Raffi / K. Rojeeca by 2nd of Dec. Closing Date: Friday the 2nd December.

Method of transport to and from activity: _____

- 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.

Name: _____ Home Phone: _____ Mobile: _____

ADDITIONAL DETAILS

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

Please ensure prompt arrival at Palm Beach wharf at 8:30am as the Ferry Ride is at 9:00am sharp.

It is a self catered camp, there will be a kettle provided for those who would like to bring instant noodles.

We will be arriving back at Palm Beach wharf at 15:45.