



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

ACTIVITY  
 FORMATION  
 LOCATION

**1<sup>st</sup> North Rocks**

LEAVING TIME

DATE

PLACE

RETURNING TIME

DATE

PLACE

Name of Activity Leader

Phone ( )

Method of transport to and from activity

Cost \$ payable to by (date)

ADDITIONAL DETAILS

**EMERGENCY CONTACT**

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

**Steve Lollback** Home Phone **(9871) 6752** Mobile **(0428) 733244**

- 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**

✂ -----  
**ACTIVITY REPLY:** To be returned to the Section Leader by \_\_\_\_\_ whether or not your child is attending

CHILD'S NAME \_\_\_\_\_ MEMBERSHIP NO

ADDRESS \_\_\_\_\_

SCOUT GROUP \_\_\_\_\_

Will be  Will Not be  ATTENDING THE \_\_\_\_\_

ORGANISED BY **1st North Rocks**

FROM \_\_\_\_\_ (time) \_\_\_\_\_ (date) TO \_\_\_\_\_ (time) \_\_\_\_\_ (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  EXPIRY DATE \_\_\_\_ / \_\_\_\_

OTHER HEALTH FUND \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

**If you have any questions please contact:** \_\_\_\_\_ **On:** \_\_\_\_\_

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 \_\_\_\_\_