



New South Wales  
 Level 1, Quad 3  
 102 Bennelong Road  
 HOMEBUSH BAY NSW 2127  
 P O Box 125  
 LIDCOMBE (PO) NSW 1825  
 Phone: 02 9735 9000  
 Fax: 02 9735 9001

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

e-mail: info@nsw.scouts.com.au

ACTIVITY Cub Scout Swimming Night  
 FORMATION 1<sup>st</sup> Lane Cove Cub Scouts  
 LOCATION Lane Cove Aquatic Centre  
 LEAVING TIME 7:00 PM DATE Wed, 9 May 2007 PLACE Aquatic Centre Reception  
 RETURNING TIME 8:30 PM DATE Wed, 9 May 2007 PLACE Aquatic Centre  
 Name of Activity Leader Carolyn Mc Gregor Phone ( 0410 ) 595584  
 Method of transport to and from Own  
 Cost \$ 4.50 payable to Aquatic Centre by (date) Wed, 9 May 2007

ADDITIONAL DETAILS  
**Bring signed lower half of this form; water bottle; change of clothes (+optional snorkel, mask + flippers)**

**EMERGENCY CONTACT**

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

Paul Mc Gregor Home Phone (02 ) 9428 4061 Mobile (0415 ) 448804

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 will  will not  be present

**PARENTS - PLEASE KEEP THE ABOVE FOR REFERENCE**

✕ -----  
**ACTIVITY REPLY:** To be returned to the Section Leader by Wed, 9 May 2007 whether or not your child is attending

CHILD'S NAME \_\_\_\_\_ MEMBERSHIP NO   
 ADDRESS \_\_\_\_\_  
 SCOUT GROUP \_\_\_\_\_

Will be  Will Not be  ATTENDING THE Cub Scout Swimming Night

ORGANISED BY 1st Lane Cove Cub Scouts  
 FROM 7:00 PM (time) Wed, 9 May 2007 (date) TO 8:30 PM (time) Wed, 9 May 2007 (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 \_\_\_\_\_



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**ACTIVITY NOTIFICATION FORM  
 PART II ACTIVITY & RESCUE INFORMATION**

(To be completed for all overnight and all air/alpine/rock related/water or other potentially dangerous activities)

Formation **1st Lane Cove Cub Scouts**

Activity **Cub Scout Swimming Night**

Location of Activity **Lane Cove Aquatic Centre**

Map Name  Map Date  Map Ref

PROPOSED ROUTE (include dates, overnight stops etc)


ALTERNATIVE ROUTES/VARIATION/ESCAPE ROUTE


Vehicles left at   
 Registration Numbers   
 Nearest Police Station

NSW Scout Region (where activity will be held)

Method of Transport **Own**

Leaving Time **7:00 PM** Date **Wed, 9 May 2007**

Returning Time **8:30 PM** Date **Wed, 9 May 2007**

Rescue Call Time  Date

Number Attending Youth  Leaders  Others  Total **0**

Name of Activity Leader **Carolyn Mc Gregor** Phone **( 0410 ) 595584**

Address

Has Activity Leader read relevant Branch Policies? Yes  No

Certificate Required ? Yes  No  Held by

Permits Obtained ? (e.g. Water Board) Yes  No  Not Required

**Equipment**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Tents              | <input type="checkbox"/> Day's         | <input type="checkbox"/> Map & compass      |
| <input type="checkbox"/> Waterproof jackets | <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Whistle            |
| <input type="checkbox"/> Sleeping bags      | <input type="checkbox"/> Matches       | <input type="checkbox"/> Other (list) _____ |
| <input type="checkbox"/> EPIRB              | <input type="checkbox"/> Map & compass |   |

Other useful information (e.g. experience, medical condition etc) should be attached where necessary.

**PARTICIPANTS** *Attach list of participants to copies of form left with Home Leader, local authority and LAC.*





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**ACTIVITY NOTIFICATION FORM  
PART III OVERDUE PARTIES PROCEDURES**

**Activity Leader**

- Manages overdue party, keeping members safe;
- Raises alarm if assistance is required;
- If possible, advises transport providers/Home Leader of revised arrangements;
- Ultimately prepares incident report.

**Transport Providers**

- Remain on site or at location as designated by Emergency Services
- Maintain liaison with Home Leader and Local Area Coordinator(LAC)
- Assist emergency services as required.

**Home Leader (Emergency Contact)**

- Remains available, especially around finishing time;
- Receives information from Activity Leader, LAC or transport providers that party is overdue;
- Advises LAC that Party is overdue
- Delegates somebody to notify all parents/ partners of overdue status.

**Local Area Coordinator**

- Tries to contact Activity Leader and then the Transport Providers if no confirmation has been received within 1 hour of intended pickup.
- Ensures NO ONE goes into the field looking for missing party.
- If no contact has been made after 3 hours liaise with Police Service. (Note: Police in some areas will not respond until after 6 hours overdue)

**Chief Executive**

- Provides a report to the Scoutsafe Committee and any other committee he deems necessary.

- Notifies State Office on (02)9735 9000 (a message will direct to the Duty Officer) and Home Leader.
- Remains available to liaise with all parties.
- Notifies Home Leader and State Office of all clear.

**Police Service**

- Manages search and rescue operations; and
- Liaises with other parties as required.

**State Office Duty Officer**

- Notifies Regional Commissioners of host and home Regions.
- Notifies State Commissioner (Members Support);
- Notifies Chief Commissioner;
- Maintains liaison with LAC and Home Leader;
- Liaises with the media or refers to the Chief Executive or Communications and Development Manager.
- Notifies the above when advised of the all clear.
- Ensures that the relevant Branch Section Commissioners are advised in due course.

**Regional Commissioners of Host and Home Regions**

- Notify host DC and discuss suitability of local support services within Scouting.
- Maintain a watching brief until receiving the all-clear.
- Home Regional Commissioner arranges a debrief with party members and other key personnel at an appropriate early time, and commissions a report if deemed necessary which is distributed to the Chief Commissioner and Chief Executive.
- Home Regional Commissioner initiates any further follow-up action that may be needed, and monitors progress.