



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

ACTIVITY Last Night For Term 2 @ Climbfit, St Leonards
 FORMATION 1st Lane Cove Cub Scouts
 LOCATION Unit 4/ 12 Frederick Street, St Leonards
 LEAVING TIME 7:00 PM DATE Wed, 28 June 2006 PLACE Climbfit
 RETURNING TIME 8:30 PM DATE Wed, 28 June 2006 PLACE Climbfit
 Name of Activity Leader Carolyn Mc Gregor Phone (02) 9428 4061
 Method of transport to and from Own
 Cost \$ 15.00 payable to Leaders by (date) Wed, 28 June 2006

ADDITIONAL DETAILS

Wear comfortable loose clothing (+Group scarf) including sports shoes, + water bottle.
1 parent from each family to attend if possible- to ensure enough adults to belay, so Cubs don't have to wait to

EMERGENCY CONTACT

If you feel that your child is overdue in returning from the activity, you should contact:
Carolyn Mc Gregor Home Phone () Mobile (0410) 595584

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

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ACTIVITY REPLY: To be returned to the Section Leader by Wed, 28 June whether or not your child is attending

CHILD'S NAME _____ MEMBERSHIP NO

ADDRESS _____

SCOUT GROUP 1st Lane Cove

Will Be ATTENDING THE Climbfit Indoor Climbing Night

ORGANISED BY C Mc Gregor

FROM 7:00 PM (time) Wed, 28 June (date) TO 8:30 PM (time) Wed, 28 June (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 () _____

I 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 abovenamed 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 _____