



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

ACTIVITY Sydney North Region Cub Fun Day
 FORMATION 1st Lane Cove Cub Scouts
 LOCATION Site 16 Lane Cove National Park
 LEAVING TIME 9:30 AM DATE Sun, 18 June 2006 PLACE Lane Cove Nat Park
 RETURNING TIME 3:00 PM DATE Sun, 18 June 2006 PLACE Lane Cove Nat Park
 Name of Activity Leader Carolyn Mc Gregor Phone () 9428 4061
 Method of transport to and from Own
 Cost \$ 8.00 payable to Leaders by (date) Wed, 7 June 2006

ADDITIONAL DETAILS

Wear Full uniform; bring daypack containing M. tea/lunch + water bottle; sun block; raincoat
(Parking fee = \$7 per car)

EMERGENCY CONTACT

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

Carolyn Mcgregor 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, 7 June 2006 whether or not your child is attending

CHILD'S NAME _____ MEMBERSHIP NO

ADDRESS _____

SCOUT GROUP _____

Will Be ATTENDING THE _____

ORGANISED BY _____

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 ()

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 _____