SCOUTS AUSTRALIA

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: **Anzac Day March** ACTIVITY NO:

GROUP/FORMATION: **1st Bomaderry Scout Group**

LOCATION: **cnr Coomea and Bunberra St Bomaderry**

START TIME (24hr): **08:45** DATE: **Thursday, 25 Apr 2019** FROM:

FINISH TIME (24hr): **10:00** DATE: **Thursday, 25 Apr 2019** TO:

Name of Activity Coordinator: **Catherine Bath** Phone: **0419 463 800**

Cost: Payable to: Closing Date: **Thursday, 25 Apr 2019**

Method of transport to and from the activity: **Parents Own**

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?

☐ **Yes** **Details:**

Does the participant have any known allergies, including drugs or food allergies? (i.e. Penicillin, Egg, Peanut Products, Bee Stings, Hay Fever, other drug or food allergies):

☐ **Yes** **Details:**

Has the participant any special food requirements? (for Medical, Religious)

☐ **Yes** **Details:**

Medicare Number:

Date of last Tetanus Injection: **or** ☐ **unknown**

Does the participant suffer from any of the following?

Epilepsy: ☐ **Yes** **Level:** ☐ **Mild** ☐ **Severe**

Diabetes: ☐ **Yes** **Level:** ☐ **Mild** ☐ **Severe**

Asthma: ☐ **Yes** **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).

☐ **Yes** Name of Drug:

Dosage: How Often:

Administered by: ☐ self or ☐ whom:

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: Catherine Bath Phone 0419 463 800

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

Scouts Australia NSW
Level 1, Quad 3
102 Bennelong Parkway
Sydney Olympic Park NSW 2127

PO Box 125
Lidcombe NSW 1825

Ph: (02) 9735-9000 Fax: (02) 9735-9001
Email: info@nsw.scouts.com.au

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

ACTIVITY DETAILS

ACTIVITY: **Anzac Day March** ACTIVITY NO:

GROUP/FORMATION: **1st Bomaderry Scout Group**

LOCATION: **cnr Coomea and Bunberra St Bomaderry**

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Name of Activity Coordinator: **Catherine Bath** Phone: **0419 463 800**

Cost: Payable to: Closing Date: **Thursday, 25 Apr 2019**

Method of transport to and from activity: **Parents Own**

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: **Andrew Bath** Home Phone: **4422 6527** Mobile: **0411 053 106**

ADDITIONAL DETAILS

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

1st Bomaderry Scout Group will assemble at 8:45am on the cnr of Bunberra and Coomea St, Bomaderry
We will march in the ANZAC Day march from the RSL to the War Memorial on Meroo St, where we will attend the service and lay flowers.

Full scout uniform must be worn, scout shirt, scarf, navy blue or cream pants, and black shoes.
A sprig of rosemary & family medals may be worn for remembrance.