



**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: Region Canyoning 2017 ACTIVITY NO: _____

GROUP/FORMATION: SC&T

LOCATION: Barcoo Swamp Campground - Newnes Plateau

START TIME (24hr): 08:00 DATE: 24/03/2017 FROM: _____

FINISH TIME (24hr): 16:00 DATE: 25/03/2017 TO: _____

Name of Activity Coordinator: Jake Moodie Phone: _____

Cost: \$25 Payable to: Jake Moodie Closing Date: _____

Method of transport to and from the activity: _____

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:	<input type="checkbox"/> ALL	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Days Only
	<input type="checkbox"/> Friday Night	<input type="checkbox"/> Saturday Night	<input type="checkbox"/> Sunday Night	<input type="checkbox"/> 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? <input type="checkbox"/> Yes Details: _____	Does the participant suffer from any of the following? Epilepsy: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe
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): <input type="checkbox"/> Yes Details: _____	Diabetes: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe
Has the participant any special food requirements? (for Medical, Religious) <input type="checkbox"/> Yes Details: _____	Asthma: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe
Medicare Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Will the participant have any medication at the activity? (i.e. Penicillin, Insulin or other Drugs administered by Injection, Tablet, Capsules, EpiPens or other). <input type="checkbox"/> Yes Name of Drug: _____
Date of last Tetanus Injection: _____ or <input type="checkbox"/> unknown	Dosage: _____ How Often: _____
	Administered by: <input type="checkbox"/> self or <input type="checkbox"/> 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 child's 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: _____ Phone _____

Participant: _____

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



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: Region Canyoning 2017 ACTIVITY NO: _____

GROUP/FORMATION: SC&T

LOCATION: Barcoo Swamp Campground - Newnes plateau

START TIME (24hr): 08:00 DATE: 24/03/2017 FROM _____

FINISH TIME (24hr): 16:00 DATE: 25/03/2017 TO _____

Name of Activity Coordinator: Jake Moodie Phone: _____

Cost: \$25 Payable to: Jake Moodie Closing Date: _____

Method of transport to and from activity: _____

- 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: _____ Home Phone: _____ Mobile: _____

ADDITIONAL DETAILS

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

Registrations will be available online

Individuals/units will need to arrange transport Meet at 08:00 saturday morning.

We will be camping at Barcoo swamp newnes plateau
 - BYO drinking water, it will not be available at the campsite
 Food
 - Saturday dinner will be catered
 - Individuals/Units will need to cater for saturday breakfast, lunch and snacks as well as sunday lunch.

Gear
 - Gear for a standing camp: tent, sleeping bag, roll mat, mess kit etc.

Canyoning Gear:
 - Wetsuit - Steamer or springsuit with thermals (steamer preferred)
 - Board shorts to protect wetsuit.
 - a daypack
 - drybags or multiple plastic bags (to keep lunch dry)
 - Shoes to walk in and get wet (neoprene booties are not appropriate)
 - First aid
 - Lunch and snacks
 - 2-3 L of water
 - Hat, sunscreen