



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)

This is a PDF form which must be used with Adobe Reader. Download the form and save it to your computer. Ensure that Adobe Reader is installed on your device and is being used to Open/Edit/Save the form.

ACTIVITY DETAILS - (FOR FULL DETAILS PLEASE SEE PAGE 2)

ACTIVITY: SURVIVAL WEEKEND ACTIVITY NO: 1KSURV2020
GROUP/FORMATION: 1ST KELLYVILLE SCOUTS
LOCATION: 1ST KELLYVILLE SCOUT HALL
START TIME (24hr): 10:00 DATE: SAT 28 NOV 2020 FROM: KELLYVILLE HALL
FINISH TIME (24hr): 16:00 DATE: SUN 29 NOV 2020 TO: KELLYVILLE HALL
Name of Activity Coordinator: JONATHAN POLIS Phone: 0448700606
Cost: \$30 Payable to: JONATHAN POLIS Closing Date: WED 25 NOV 2020
Method of transport to and from the activity: OWN

PARTICIPANT DETAILS - TO BE COMPLETED BY ALL PARTICIPANTS OR PARENT/GUARDIAN IF UNDER 18 YEARS

GROUP/FORMATION: 1ST KELLYVILLE SCOUTS 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 condition, ailment, allergy or disability that could affect their participation in the activity, it should be disclosed so provision can be made for their welfare and participation. Further details can be given on the back of this form. Please attach any Medical Plans that apply.

Does the participant have any conditions or disabilities that could affect their participation?
Does the participant suffer from any of the following? Epilepsy Diabetes Asthma
Level: Mild Severe
Does the participant have any known allergies, including drugs or food allergies?
Has the participant any special food requirements? (for Medical, Religious)
Will the participant have any medication at the activity?
Name of Drug: Dosage: How Often:
Date of last Tetanus Injection: or unknown 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 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: JONATHAN POLIS Phone 0448700606

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



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: SURVIVAL WEEKEND ACTIVITY NO: 1KSURV2020

GROUP/FORMATION: 1ST KELLYVILLE SCOUTS

LOCATION: 1ST KELLYVILLE HALL

START TIME (24hr): 10:00 DATE: SAT 28 NOV 2020 FROM KELLYVILLE HALL

FINISH TIME (24hr): 16:00 DATE: SUN 29 NOV 2020 TO KELLYVILLE HALL

Name of Activity Coordinator: JONATHAN POLIS Phone: 0448700606

Cost: \$30 Payable to: JONATHAN POLIS Closing Date: WEDNESDAY 25 NOV 2020

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: JONATHAN POLIS Home Phone: _____ Mobile: 0448700606

ADDITIONAL DETAILS

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

This weekend is in place of our initially planned camp. Unfortunately many campsites are still closed so instead we will be meeting at 1st Kellyville hall for a number of activities in and around the hall. We are not able to stay overnight at the hall at this time.

Normal social distancing and other COVID-19 requirements apply to those leading and participating.

Saturday will start at 10:00am and will finish at 7:30pm.
 Sunday will start at 9:00am and will finish at 4:00pm.

Scouts are to self cater (bring water, snacks and lunch) for the two days. Dinner on Saturday is being provided.

The weekend is all about learning about survival and what needs to be done in an emergency situation while on activities. The badge work being completed covers aspects of the Bushcraft badge. All scouts whether at level 3, 4 or 5 are welcome to attend.

Scouts should bring the following gear:
 Scout uniform for opening and closing parade. Spare set of old clothes they can change into as they will be getting dirty.
 Hat (Wide brim or bucket)
 Sunscreen
 Enclosed shoes
 A pair of gardening gloves.
 Day pack with food and drink.
 Pens and note book.
 Hand sanitiser
 Medication (if needed)
 Small first aid kit.

Sunday will involve a couple of emergency scenarios which will be handed out on the Saturday. Scouts will be expected to pack for this scenario and come with this on Sunday. It is a survival weekend so no packing list will be provided. Scouts to pack what they believe they will need for this scenario.

Registration for this event will be on Wild Apricot. If you are not attending the whole event please let us know so that we can ensure that