



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: Snorkelling 4-5 ACTIVITY NO:
GROUP/FORMATION: 1st Kellyville Scouts
LOCATION: Clifton Gardens Reserve, Morella Road Mosman 2088
START TIME (24hr): 12:00 DATE: Sunday 6 Dec 2020 FROM:
FINISH TIME (24hr): 16:00 DATE: Sunday 6 Dec 2020 TO:
Name of Activity Coordinator: Michelle Burakowski 'Bigbird' Phone: 0425 210 425
Cost: \$0 Payable to: Closing Date: 29 Dec 2020
Method of transport to and from the activity: own transport

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:
Does the participant have any known allergies, including drugs or food allergies?
Has the participant any special food requirements?
Will the participant have any medication at the activity?
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: Michelle Burakowski Phone 0425 210 425

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: Snorkelling 4-5 ACTIVITY NO: _____

GROUP/FORMATION: 1st Kellyville Scouts

LOCATION: Clifton Garden Reserve, Morella Road Mosman 2088

START TIME (24hr): 12:00 DATE: 6 Dec 2020 FROM _____

FINISH TIME (24hr): 16:00 DATE: 6 Dec 2020 TO _____

Name of Activity Coordinator: Michelle Burakowski Phone: 0425 210 425

Cost: \$0 Payable to: _____ Closing Date: _____

Method of transport to and from activity: own transport

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: _____ Mobile: 0411 121 996

ADDITIONAL DETAILS

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

We are meeting at Clifton Gardens for snorkelling in the shark-netted beach pool. This is an opportunity for Cubs & Scouts working on Snorkelling stages 4-5 to cover some badge requirements and to participate in an enjoyable snorkelling activity.

BAD WEATHER: Notice of cancellation will go out on Saturday morning if Sunday's weather is not suitable for snorkelling. You will receive an email and there will be a post on the 1st Kellyville Facebook group.

PARKING: Car park entrance is off Morella Rd, Mosman. Parking is \$4 per hour, up to \$20 for the day

ON ARRIVAL: Scouts are to meet on the beach at the jetty entrance. Parents please ensure your scout has been signed in by a leader before leaving.

WHAT TO WEAR:

- scouts must arrive in scout uniform
- wear swimmers & a hat

WHAT TO BRING:

- own mask, fins & snorkel
- wet shoes are a must. Scouts will not be allowed in the water without wet shoes
- wetsuit is optional
- rash vest for sun protection
- towell & sunscreen
- water bottle
- change of clothes
- afternoon tea (please pack a sensible snack - it is a long activity, you will need to replenish your energy)
- pool noodle or boogie board for floatation if desired

FACILITIES: Clifton Gardens Reserve has a lovely playgroud, barbeques, toilets & showers, basketball court, wide path for young riders, shaded picnic tables. Please be aware that only scouts and leaders participating in the snorkelling activity will be able to stay with our group as we are restricted to a maximum of 30 for outdoor activities.