



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: The Edge Rock Climbing ACTIVITY NO:
GROUP/FORMATION: 1st Kellyville Scouts - Thursday Scouts
LOCATION: 9/10 Hudson Ave Castle Hill NSW 2154
START TIME (24hr): 18:30 DATE: Thu 30-Jul-2020 FROM:
FINISH TIME (24hr): 20:30 DATE: Thu 30-Jul-2020 TO:
Name of Activity Coordinator: Michelle Burakowski 'Bigbird' Phone: 0425 210 425
Cost: \$11.00 Payable to: The Edge Rock Climbing Closing Date: 29-Jul-2020
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: 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: Level: Diabetes: Level: Asthma: Level:
Will the participant have any medication at the activity? (i.e. Penicillin, Insulin or other Drugs administered by Injection, Tablet, Capsules, EpiPens or other).
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: Phone

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: The Edge Rock Climbing ACTIVITY NO: _____

GROUP/FORMATION: 1st Kellyville Scouts - Thursday Scouts

LOCATION: 9/10 Hudson Ave Castle Hill NSW 2154

START TIME (24hr): 18:30 DATE: Thu 30-Jul-2020 FROM _____

FINISH TIME (24hr): 20:30 DATE: Thu 30-Jul-2020 TO _____

Name of Activity Coordinator: Michelle Burakowski 'Bigbird' Phone: 0425210425

Cost: \$11.00 Payable to: The Edge Rock Climbing Centre Closing Date: 29-Jul-2020

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: Alice Gravina Home Phone: _____ Mobile: 0425 205 208

ADDITIONAL DETAILS

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

Dress Code:
 Full Scout Uniform
 Closed Shoes (Climbing in flip flops, socks or with bare feet is prohibited)
 Weather Appropriate clothing
 Own Water Bottle
 Own Sanitizer

COMPLETE PAGE 1 OF THIS E1 AND BRING IT ALONG ON THE NIGHT.

MAKE SURE TO COMPLETE THE PARENT CONSENT SECTION CORRECTLY.

YOU MUST ALSO COMPLETE THE ONLINE WAIVER FOR THE EDGE ROCK CLIMBING CENTRE PRIOR TO ARRIVAL.