



**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: Air Venture Flying Camp ACTIVITY NO: N/A
 GROUP/FORMATION: Air Activity Centre
 LOCATION: Air Activity Centre: Aerodrome Road, Camden Airport NSW 2570 (adjacent Control Tower)
 START TIME (24hr): 1400 DATE: Sunday 09 July 2017 FROM: Air Activity Centre, Camden Airport
 FINISH TIME (24hr): 1400 DATE: Saturday 15 July 2017 TO: Air Activity Centre, Camden Airport
 Name of Activity Coordinator: Rolf Cetinski Phone: 0419 873 618
 Cost: As per info pack Payable to: As per Information Pack Closing Date: Friday 09 June 2017
 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: _____ 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 checked="" 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: _____	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 checked="" 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: Air Venture Flying Camp ACTIVITY NO: N/A

GROUP/FORMATION: Air Activity Centre

LOCATION: Air Activity Centre: Aerodrome Road, Camden Airport NSW 2570 (adjacent Control Tower)

START TIME (24hr): 1400 DATE: Sunday 09 July 2017 FROM: Air Activity Centre, Camden Airport

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Cost: As per info Payable to: As per Information Pack Closing Date: Friday 09 June 2017

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: Rolf Cetinski Home Phone: _____ Mobile: 0419 873 618

ADDITIONAL DETAILS

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

Please refer to attached Air Venture Flying Camp 2017 Information Pack (Rev. Apr 17) for full details.