



Application to Attend Activity

Y3

V20160822

This page should be returned to the Leader in Charge of the Activity

				Membership Number			
Activity	Lazer Tag			Activity Date	23/8/22		
Name of Youth Member	Jaxx Thompson			Date of Birth	27/02/2015		
Name of Group / Section	Maida Vale Cubs						
Address of Youth Member	6 Hart st						
Suburb	Lesmurdie	State	WA	Postcode	6076		
Phone	0422210628		Email	thishouse@disroot.org			

Medical Details

The Leaders should be advised of the member's health and fitness, including any medication (with instructions) the member will bring with them. For special diets, please provide examples (brand names etc) of what you are able to eat. Attach a separate sheet listing these requirements in detail.

Known allergies							
Dietary requirements							
Medication (type / name)		Dosage		Frequency of Dose			
Other information (eg. ailments / disabilities)							
Has the applicant been immunised against Tetanus in the past 5 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Immunisation	
If not, can the applicant be given a Tetanus injection should the need arise?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Hospitals sometimes require the following information							
Medicare No	6170015514-4	Expiry Date	03/2026	Ambulance Cover	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Private Health Fund Details (name)	HBF			Member Number	30604114		
Medical Practitioner's Contact Details							

Emergency Contact

Name	Aden Thompson						
Relationship to applicant	Father						
Address	6 Hart st						
Suburb	Lesmurdie	State	WA	Postcode	6076		
Home Phone	0422210628	Work Phone		Mobile Phone			

Water Activities Authority and Agreement

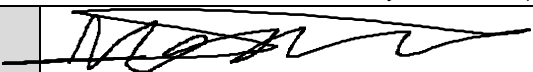
This event may include swimming activities such as swimming in rivers, pools, lakes, water slides and snorkeling. Boating activities may include canoeing, kayaking, rafting, and sailing. If water activities are included as part of this event:

Do you agree to your child taking part in the listed water activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you confident that your child is able to swim a minimum of 50 meters and is able to stay afloat for 3 minutes without the aid of a personal flotation device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you confident that your child is able to swim 50 meters dressed in shirt, shorts, shoes and a properly fitting personal flotation device and thereafter remain afloat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Adventurous Activities and Scouts WA Liability Statement (Waiver)

I give permission for the applicant to attend the Scouting activity, including the listed Adventurous Activities as described in this form, and for the Leader in charge of the activity to seek medical assistance for the applicant should the need arise.

I have read and agreed to the terms of the Scouts WA Liability Statement (Waiver) located at www.scoutswa.com.au/policies

Signature of Parent or Guardian		Date	17/06/2025
Printed Name	Aden Thompson		