SCOUTS AUSTRALIA

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: **Magical Mystery Tour To Valhalla** ACTIVITY NO:

GROUP/FORMATION: **2nd Normanhurst Rover Crew**

LOCATION: **Within 2 hours of Sydney**

START TIME (24hr): **08:00** DATE: **7/9/19** FROM: **Thornleigh Maccas Overflow Carpar**

FINISH TIME (24hr): **10:00** DATE: **8/9/19** TO: **Within 2 hours of Sydney**

Name of Activity Coordinator: **Alyssa-Maree O'Brien** Phone: **0448 349 838**

Cost: **$40.00** Payable to: **2nd Normanhurst Rover Crew** Closing Date: **7/9/19**

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:	☐ 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?
☐ **Yes** **Details:**

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):
☐ **Yes** **Details:**

Has the participant any special food requirements? (for Medical, Religious)
☐ **Yes** **Details:**

Date of last Tetanus Injection: **or** ☐ **unknown**

Does the participant suffer from any of the following?

Epilepsy: ☐ **Yes** **Level:** ☐ **Mild** ☐ **Severe**

Diabetes: ☐ **Yes** **Level:** ☐ **Mild** ☐ **Severe**

Asthma: ☐ **Yes** **Level:** ☐ **Mild** ☐ **Severe**

Will the participant have any medication at the activity?
(i.e. Penicillin, Insulin or other Drugs administered by Injection, Tablet, Capsules, EpiPens or other).
☐ **Yes** Name of Drug:
Dosage: How Often:
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 childs 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: Alyssa-Maree O'Brien Phone 0448 349 838

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: **Magical Mystery Tour To Valhalla** ACTIVITY NO:

GROUP/FORMATION: **2nd Normanhurst Rover Crew**

LOCATION: **Within 2 hours of Sydney**

START TIME (24hr): **08:00** DATE: **7/9/19** FROM **Thornleigh Maccas Overflow Carpar**

FINISH TIME (24hr): **10:00** DATE: **8/9/19** TO **Within 2 hours of Sydney**

Name of Activity Coordinator: **Alyssa-Maree O'Brien** Phone: **0448 349 838**

Cost: **$40.00** Payable to: **2nd Normanhurst Rover Crew** Closing Date: **7/9/19**

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: **Daniel Hose** Home Phone: **9477 5177** Mobile: **0487 351 310**

ADDITIONAL DETAILS

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

Grab your battle axe and shield and join Clan Normo as we set sail for glory and Valhalla.

All Rovers, Olaves and Ex-Rovers are welcome (as long as they are sponsored by a crew)

We begin our voyage at the sacred Golden Arches at Thornleigh Maccas Overflow Carpark, where you will sail (drive) and follow signs from the gods (clues) to various locations within 2 hours of Sydney. Here you will train in the Viking way and work as a team to find the secret end location of Valhalla where we can all come to feast and be merry.

$30 Pre-paid or $40 at the door. All catering provided. You must Let us know by 1st September of any Dietary Requirement and we encourage everyone to pre-register as it makes sorting logistics far easier on the day.

An E1 and the Rovers Australia Drugs and Alcohol Guidelines are Attached. Please fill in the E1 and date and sign the Drug and Alcohol Guideline and return it to us either before or at the start of the event. You will not be permitted to participate without either of these two forms. Please also aim to have 2 drivers per team to manage fatigue.

You will need to bring:
- A reliable vehicle, preferably with at least 2 drivers per team.

- Camping gear including a camp chair, tent, warm clothing/sleeping bag and mess kit

- Snacks

- Your best Viking impressions, hairstyles, warpaint and costumes