



NOTIFICATION OF CAMP/ OUTDOOR ACTIVITY

Form: C4
Issue: 9
Date: 08/12

PARENT'S COPY

All Scout Groups

Scout Group

Dear Parent/Guardian, *The following are arrangements for the next Troop/Patrol Camp/Hike Activity at:*

Place: Baden Powell Founders Day Freemasons Masonic Temple 42 Walker Street Townsville

DURATION: from 23rd February 2018 6-15pm to 21st February 2018 9-15pm approx

ASSEMBLY: at Freemasons Masonic Temple 42 Walker Street Townsville at 6-15pm

PICK UP From: Freemasons Masonic Temple 42 Walker Street Townsville at 9-15pm

Activity is under control under control of: Peter Drew Phone: (0410441700)

COST:\$ _____ Once this amount is paid and provisions purchased, no refund will be made through non attendance at the respective Activity except in special circumstances.

SUGGESTED CAMP KIT: Each Scout will wear full uniform as detailed by section leaders

All parents and careers are invited to attend the reenactment of the first Scout Camp at Brownsea Island
NOTE: Camp Kit varies for Hikes, Overnight Canoe Activities etc. Consult your Patrol Leader/Adult Leader.

LEADER'S COPY

THIS FORM TO BE FILLED IN BY PARENT OR GUARDIAN AND RETURNED, TOGETHER WITH CAMP FEE

TO THE LEADER-IN-CHARGE BY _____ (Must be filled in and be Financial)

I approve of _____ (Scouts Name) Membership Number _____

Address: _____

Attending activity **Baden Powell Founders Day Freen** from 23rd February 2018 6- to 21st February 2018 9-15pm a

Should the necessity arise, I can be contacted at: _____

Phone: _____ Mobile: _____

I submit the following details for your attention: _____ Date of last Tetanus Injection: _____

Medicare No. _____ Position on Card: _____ Medicare Card Expiry Date: _____

Points in the Scout's health or behavior requiring some special attention: _____

Details of any medication and dosage instructions that will be carried? _____

The program will contain the indicated adventurous activities requiring specific approval. Initial adjacent to activity.

<input type="checkbox"/> Swimming	<input type="checkbox"/> Pioneering	<input type="checkbox"/> Archery
<input type="checkbox"/> Canoe/Kayak	<input type="checkbox"/> Bushwalking	<input type="checkbox"/> 4WD
<input type="checkbox"/> Abseiling	<input type="checkbox"/> Snorkelling	
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Caving	

In the event of injury to the Youth Member, where reasonable attempts to contact me are unsuccessful I give authority for such medical treatment to be given to the youth member as is recommended by a medical practitioner and seems in the opinion of the leader in charge to be reasonable and appropriate. I undertake to be responsible for any fees or charges with respect to that treatment and to pay those costs on demand by the Association.

Signature of Parent or guardian: _____ Date: _____

Signature of Parent or guardian: _____ Date: _____