



Notification Of Camp / Outdoor Activity

Part A PARENTS COPY n/a **Scout Group**

Dear Parent/Guardian, The following are arrangements for the next **Group** **Activity**

Place: **2018 KR Swimming Carnival Northern Beaches Leisure Centre 7-31 Erskine Pl, Burdell**

DURATION From: **Sat 17/03/18, 4:30pm** To: **Sat 17/03/18, 8:00pm**

ASSEMBLY Location: **Northern Beaches Leisure Cent** Time: **4:30pm – 8.00pm**

RETURN Location: _____ Time: _____

Activity is under control of: **Kellie Turnbull-Mil 0422133891** Cost: **\$9.00 each / \$25 family**

Once this amount is paid and provisions purchased, no refund will be made through non attendance at the respective activity except in special circumstances.



Part B LEADERS COPY

This Form To Be Filled In By Parent(S) Or Guardian(S) And Returned, Together With Camp Fee To The Leader-In-Charge By Saturday 24/02/18 via your Group Leader or delegate to

(Must be filled in and be Financial)

I approve of _____ (Scouts Name) Membership Number _____

Address: _____

Attending: **2018 KR Swimming Carnival** from: **Sat 17/03/18, 4:30pm** to **Sat 17/03/18, 8:00pm**

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.

Please place your initials adjacent to the indicated activity that you give approval.

Swimming _____	Pioneering _____	} _____
Canoe/Kayak _____	Bushwalking _____	[_____
Abseiling _____	Snorkelling _____	_____
Rock Climbing _____	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, caregiver or guardian: _____ D:

Signature of parent, caregiver or guardian: _____ D:

(If no second signature, please state a reason. for example, single parent)