



Application to Attend Activity

Y3

V20160822

**IMPORTANT! Page one is to be retained by the Parent / Guardian.
Page two is to be returned to the Leader in Charge of the activity.**

	Section	Bull Creek Leeming Cub Pack
Activity	Jervoise Bay Camp	
Activity Location	Jervoise Bay Scout Hall, 739 Rockingham Road, Munster	

Start Time	4:30pm	Date	Friday 6 September 2019
Participant required to meet at	Jervoise Bay Scout Hall		
Finish Time	12:30pm	Date	Sunday 8 September 2019
Participant to be picked up from	Jervoise Bay Scout Hall		

Leader in charge of activity	Hayley King	Appointment	Cub Scout Leader
Phone		Mobile	Hayley – 0419040935
Email	cubsleader@blscouts.org.au		

Type of transport to and from activity	Parent Car Pool or own car to camp site		
Cost of activity	\$40	Payable to	Bank Account
		By the (date)	4/9/201

The activity	WILL <input checked="" type="checkbox"/>	WILL NOT <input type="checkbox"/>	be under direct adult supervision
The activity	WILL <input type="checkbox"/>	WILL NOT <input checked="" type="checkbox"/>	include water and swimming activities

Adventurous Activities to be undertaken as part of this Camp/Event

Additional Parent Information

Parents should keep this page for reference, and return the Authority to Participate Section of this form (Page 2) to the Section Leader by the time indicated. Additional information may be provided on a separate sheet eg. maps etc.

Please note that any individual/group photo/video taken at a Scouts WA activity may be used for promotional purposes on a Scouts WA managed site. Scouts WA cannot guarantee that the photo/video taken will not be used on other sites.

If a carer or helper is attending with the member named above, please ask your Leader for an A5 Form.



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		Membership Number			
Activity	Jervoise Bay Camp		Activity Date	6-8 September 2019	
Name of Youth Member			Date of Birth		
Name of Group / Section	Bull Creek Leeming Cub Pack				
Address of Youth Member					
Suburb		State		Postcode	
Phone		Email			

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 type="checkbox"/>	No <input type="checkbox"/>			
Hospitals sometimes require the following information					
Medicare No		Expiry Date		Ambulance Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
Private Health Fund Details (name)		Member Number			
Medical Practitioner's Contact Details					

Emergency Contact

Name					
Relationship to applicant					
Address					
Suburb		State		Postcode	
Home Phone		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/policies

Signature of Parent or Guardian		Date	
Printed Name			