



**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)

**ACTIVITY DETAILS - (FOR FULL DETAILS PLEASE SEE PAGE 2)**

ACTIVITY: Lake Macquarie District Cubs Grey Wolf Camp ACTIVITY NO: \_\_\_\_\_  
GROUP/FORMATION: 1st Rathmines  
LOCATION: Glenrock Scout Camp Burwood Road KAHIBAH  
START TIME (24hr): 8.15am DATE: Saturday, 29 Jun 2013 FROM: Glenrock  
FINISH TIME (24hr): 3.30pm DATE: Sunday, 30 Jun 2013 TO: Glenrock  
Name of Activity Coordinator: Diane Bellette - District Cub Leader Phone: ring own Akela  
Cost: \$40.00 Payable to: Akela Closing Date: Tuesday, 28 May 2013  
Method of transport to and from the activity: own parents

**PARTICIPANT DETAILS - TO BE COMPLETED BY ALL PARTICIPANTS OR PARENT/GUARDIAN IF UNDER 18 YEARS**

GROUP/FORMATION: 1st Rathmines 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: 

|                                       |  |  |  |                                    |
|---------------------------------------|--|--|--|------------------------------------|
| <input type="checkbox"/> ALL          | <input type="checkbox"/> Friday                    | <input checked="" type="checkbox"/> Saturday | <input checked="" type="checkbox"/> Sunday | <input type="checkbox"/> Days Only |
| <input type="checkbox"/> Friday Night | <input checked="" type="checkbox"/> Saturday Night | <input type="checkbox"/> Sunday Night        | <input type="checkbox"/> Other             |                                    |

  
In case of Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Mobile: \_\_\_\_\_

**If the participant suffers from any chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare. Further details can be given on reverse side. Please attach any Medical Plans if they apply.**

|  |   |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|
| Does the participant have any physical disabilities?<br><input type="checkbox"/> Yes Details: _____  | Does the participant suffer from any of the following?<br>Epilepsy: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe<br>Diabetes: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe<br>Asthma: <input type="checkbox"/> Yes Level: <input type="checkbox"/> Mild <input type="checkbox"/> Severe |  |  |  |  |  |  |  |  |  |  |
| 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):<br><input type="checkbox"/> Yes Details: _____ | Will the participant have any medication at the activity?<br>(i.e. Penicillin, Insulin or other Drugs administered by Injection, Tablet, Capsules, EpiPens or other).<br><input type="checkbox"/> Yes Name of Drug: _____   |  |  |  |  |  |  |  |  |  |  |
| Has the participant any special food requirements? (for Medical, Religious)<br><input type="checkbox"/> Yes Details: _____   | Dosage: _____ How Often: _____  |  |  |  |  |  |  |  |  |  |  |
| Medicare Number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>   |   |  |  |  |  |  |  |  |  |  | Administered by: <input type="checkbox"/> self or <input type="checkbox"/> whom: _____ |
|  |   |  |  |  |  |  |  |  |  |  |  |
| Date of last Tetanus Injection: _____ or <input type="checkbox"/> unknown  |   |  |  |  |  |  |  |  |  |  |  |

**PARENT CONSENT - TO BE COMPLETED BY PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18 YEARS**

Can the participant Swim 50 meters? ☐ Yes  
I consent to my child's 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: Diane Bellette - District Cub Leader Phone ring own Akela

Participant: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
(If Participant Under 18 Years) Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



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Level 1, Quad 3  
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Sydney Olympic Park NSW 2127

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FORM A1 (Jan 10)

**ACTIVITY NOTIFICATION FORM**  
**PART II - PARTICIPANTS & PARENTS ADVICE**

(This page is to be kept by participants)

**ACTIVITY DETAILS**

ACTIVITY: Lake Macquarie District Cubs Grey Wolf Camp ACTIVITY NO: \_\_\_\_\_

GROUP/FORMATION: 1st Rathmines

LOCATION: Glenrock Scout Camp Burwood Road KAHIBAH

START TIME (24hr): 8.15am DATE: Saturday, 29 Jun 2013 FROM Glenrock

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Name of Activity Coordinator: Diane Bellette - District Cub Leader Phone: ring own Akela

Cost: \$40.00 Payable to: Akela Closing Date: Tuesday, 28 May 2013

Method of transport to and from activity: own parents

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: n/a Home Phone: parent transport Mobile: \_\_\_\_\_

**ADDITIONAL DETAILS**

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

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**PLEASE MAKE SURE MEMBERSHIP NUMBER & OTHER INFORMATION IS ON FORM OR IT  
WILL BE RETURNED**

This camp is for any Cub who is 9½ years of age (gold boomerang) regardless of whether they are doing Grey Wolf award or not. Cubs will do part of their Grey Wolf award but will also do parts of their gold boomerang. Cubs will be doing an approximate 2 hour hike. Cubs will be sleeping in the cabins at Glenrock so will not need to bring a stretcher or air mattress. FULL uniform must be worn to camp (no jeans or jean shorts no coloured shorts etc.) The weather can be cold at this time of the year at Glenrock, please ensure your cub has appropriate clothing and warm bedding (extra blanket). Do not assume as we are in rooms that it will be warm. Please make sure that Cubs come to camp with everything on the attached list and that everything is marked with Cubs name & pack.

If there is a problem please see own Akela