



Application to Attend Activity (Overnight or One Day Event)

Y3
V2013 10 18

This page to be retained by Parent / Guardian

Use of this Form

Do not photocopy this form double sided – page one is to be retained by the applicant or Parent / Guardian.
Page two is to be returned to the Leader in charge of the activity.

		Section		
Activity				
Activity Location				
Start Time		Date		
Participant required to meet at:				
Finish Time		Date		
Participant to be picked up from:				
Leader in charge of activity			Appointment	
Phone		Mobile		
Email				
Type of transport to and from activity				
Cost of activity		Payable to		By the (date)
The activity	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	be under direct adult supervision	

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 ie maps etc.



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Return this page to the Section Leader

Authority to Participate

Activity			Activity Date		
Name of Youth Member			Date of Birth		
Name of Group / Section			Gender	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Address of Youth Member					
Suburb		State		Postcode	
Phone		Email			

Health Statement

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)					

Immunisation

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		Ambulance Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private Health Fund Details (name)		Member Number		

Emergency Contact

Name					
Relationship to applicant					
Address					
Suburb		State		Postcode	
Home Phone		Work Phone		Mobile Phone	

Agreement

I give permission for the applicant to attend the overnight Scouting activity and for the Leader in charge of the activity to seek medical assistance for the applicant should the need arise.

I have supplied the Leader in charge of the activity with a Health Statement (H1) for the applicant and agree to notify the Leader should any changes occur with the health of the applicant.

Signature of Applicant <small>(if over 18 years)</small>		Date	
Printed Name			
Signature of Parent / Guardian <small>(if applicant under 18 years)</small>		Date	
Printed Name			

Approval *(Note the Section Leader's signature of approval must be on this form)*

I certify that I have checked the eligibility of the Applicant and the completeness of this application. I find that the Applicant qualifies in every respect and approve the Applicant as a participant.

Section Leader (signature)		Date	
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