



# Application to Attend Activity

# Y3

V20201116

**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.

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

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

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### 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 e.g. maps etc.

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**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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This page should be returned to the Leader in Charge of the Activity

Activity				Activity Date	
First Name				Middle Name	
Last Name				Preferred Name	
Membership Number				Date of Birth	
Name of Group / Section					
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 <https://scoutswa.com.au/policies-procedures/>

Signature of Parent or Guardian		Date	
Printed Name			