



Scouts Australia – NSW Hunter & Coastal Region

APPLICATION TO ATTEND Scoutfest

Office Use
Receipt No

1. Draw all cheques/money orders payable to "Scout Association – NSW Branch" ONLY.
2. Send form and money to PO Box 854 The Junction 2291.
3. Fax/e-mail copies are acceptable for credit card payments only (**Signatures Required**)
4. Only one group check or credit card payment please

Event: The Regional Scoutfest Camp	Date/s: 17- 19 TH Oct 2008	Cost 1 day: \$5.00
Attending this Activity as: (please circle) Youth member / Leader / Parent / Helper		Cost both days: \$10.00

This year is the Centenary of Australian Scouting. To celebrate this event Hunter & Coastal Region is staging an event at Walka Water Works Maitland. The activities will include Flying Fox, Abseiling, Climbing, Canoeing and much much more.

Membership No.

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Surname:		Given Names (Both):	
Address:			
Postcode:	Telephone ()	Sex: Male/Female	
Date of Birth:	Group:	Section:	
Parent Consent		I Consent to my child participating in	
Swimming activities <input type="checkbox"/>	Water Activities <input type="checkbox"/>	Rope activities <input type="checkbox"/>	

Contact Person:	Relationship	
The following information is only required if it is NOT the same as above.		
Address:		
Postcode:	Telephone: ()	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.

Payment: If card – Visa Master

Card Number

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Name on Card _____ Expiry Date ____ / ____

Amount: \$ _____ Signature: _____

A: Does the applicant suffer from any physical disabilities	Yes/No	If yes, details _____ _____
B: Does the applicant suffer from 1. Diabetes Severe / Mild 2. Asthma Severe / Mild 3. Epilepsy Severe / Mild 4. Heart or Blood Pressure	Yes/No Yes/No Yes/No Yes/No	Space for further explanation is required _____ _____ _____ _____
C: Does the applicant have any known allergies, including drugs or food allergies. (i.e. Penicillin, Egg, Bee Sting, Hay Fever, other Drug or Food allergies).	Yes/No	_____ _____ _____
D: Will the applicant have any medication at the activity? (i.e. By Injection, Tablet Capsule, Penicillin, Insulin, other Drugs).	Yes/No	Name of Drug _____ Dosage _____ Reason _____ How often administered and by whom _____ _____
E: Has applicant any special food requirements (for Medical, Religious)	Yes/No	If yes, details (if insufficient room please attach letter) _____ _____
F. Date of last Tetanus Injection		
G. Medicare Number		
H. Name of Medical Fund		
I. Ambulance Fund Cover	Yes/No	

I authorise any officer, member or servant 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 applicant, 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).

APPLICANT'S SIGNATURE: _____ DATE: _____

(Applicants signature not required for those under 18 years)

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

LEADER'S SIGNATURE: _____ DATE: _____

