

Scouts Australia NSW Level 1, Quad 3 102 Bennelong Parkway Sydney Olympic Park NSW 2127

PO Box 125 Lidcombe NSW 1825

Ph: (02) 9735-9000 Fax: (02) 9735-9001 Email: info@nsw.scouts.com.au

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

(This page is to be <u>kept</u> by participants)

ACTIVITY DETAILS				
ACTIVITY:			ACT	IVITY NO:
GROUP/FORMATION:				
LOCATION:				
START TIME (24hr):	DAT	E:	FROM	
FINISH TIME (24hr):	DAT	E:	TO	
Name of Activity Coordinator:			Phone:	
Cost: Payab	ole to:		Closing Date:	
Method of transport to and fron	n activity:			
The activity	will	will not	be under direct adult	supervision.
The activity	will	will not	involve both male an	d female youth members.
Both male and female Leaders	will	will not	be present	
EMERGENCY CONTACT				
If you feel that the participant	is overdue in return	ing from the activity yo	u should contact the nomir	nated emergency contact.
Name:	_	Home Phone:	Me	obile:
ADDITIONAL DETAILS				

## **Scout Events Joey and Parent Instructions Cataract Woonona**

(Tri-Region Joey Mob Holiday)

Cataract Scout Park. Baden-Powell Dr. Appin.

29<sup>th</sup> October 2016 ~ 30<sup>th</sup> October 2016 Registrations Close: 28<sup>th</sup> August, 2016 Early Bird Close: 17<sup>th</sup> August 2016.

## Information about the Camp:

"Woonona" an aboriginal word meaning "Place of young wallabies". In our case a large mob holiday. This is the inaugural Cataract Woonona, hosted jointly by Greater Western Sydney Region, Southern Metropolitan Region and Hume Regions.

Activities will include Water Slide, Archery, Gang Show, Circus Acts, Flying Fox, Horizontal Bungee, Pioneering, Science, Camp Fire and Themed bases.

## **Eligibility to Attend**

Must have a current Scout Member # and be registered in the Joey Section as of Joeys:

1<sup>st</sup> October 2016 and able to have a Parent or Guardian attend.

\* Only 1 parent or guardian may attend and no siblings

Parent: Hold a current Scout Member, OR complete M5 Volunteer Declaration.

Guardian: (not Joey Parent), Hold a Working With Children Check number and complete A2 Adult

Helper Form.

M5 and A2 Forms can be downloaded from the Scouts NSW Website from http://www.nsw.scouts.com.au/leaders/scouts-nsw-forms

## Registration

Registrations will be managed online via the GWS Scout Events website http://events.greaterwestscouts.com.au . See the following pages for instructions.

Joev Scouts - \$105 (in own tent – or group supplied tent)

1 Parent / Guardian - No Charge

Wheelchair accessible accommodation is available at no additional charge.

Early Bird Special \$5 off

This may be your Joeys first camping experience, so we strongly encourage that you camp with your Joey in a tent. We request that it be no bigger than a 3 or 4 person tent. You may bring your own, or groups may be able to provide some. Please speak with your Joey Leader. Tents are restricted to 1 family unit, no sharing.

Should there be an issue with tents we do have large bunk rooms/dormitory sheds available for an extra \$10 per person. Note that these are separated into Male only & Female only accommodation.

If there is a very special need for more than 1 parent / quardian, additional camp fees will apply.

This camp is fully catered. Starting Saturday morning tea through to Sunday lunch. NO NUTS

## Cancellations:

Refunds will only be given in the event of illness or other similar cause.

Refund requests received by 15<sup>th</sup> October will receive Full refund except for a \$5 administration fee. Refund requests received after 15<sup>th</sup> October and before event will receive 50% refund. Refund requests received on or after 22<sup>nd</sup> October will forfeit their full registration.

## **Further information**

Please contact your Joey Scout Leader.



# Joey & Parent/Guardian Registration Instructions

The Scout Events web site is effectively an online version of the Scouts Australia E1 Activity Notification Form. We hope that you will find this process easier than the standard paper version. By using this system we cut down out administration time and ensure that any special information like medications and allergy info is accurately registered and catered for.

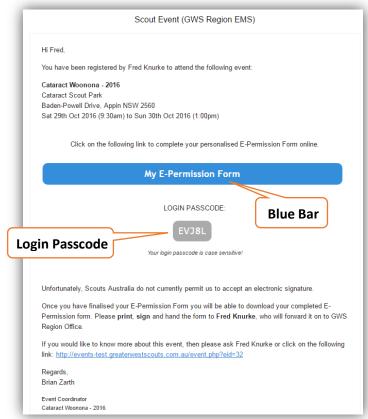
## The Registration Process.

Step 1) The Email Invitation

By now we hope that you have received an email from "GWS Region EMS" like this

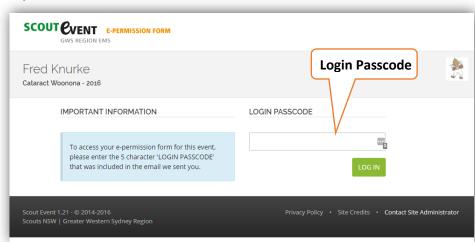
You should have a separate one for you and another one for your Joey.

Please make note of the Login Passcode and then use your mouse to click on the blue bar that says "My E-Permission Form"



Once you click on that blue bar you should arrive at this screen

Please enter your Login Passcode here



Then click



to open the E-Permission Form.

The E-Permission Form

COUTE	VENT E-PERMI	SSION FORM				LO
red Knu						
Personal Det	ails	y Contact 🛑	Medical & Dietary	Activity Permissions	Consent •	
<b>♣</b> Regist	tration Details		A Personal Details			
Name: Fr	ered for this event by: ed Knurke 2 9555 5555 rian@zarth.com.au	F	Welcome Please complete the details on  proceeding through to the oth  Address *		k 'save' before	
					EB	
egistered to att	eve Fred should have to end this event, or if ar are incorrect, please ed above.	y of the contact	Suburb *	State *  NSW ▼  Mobile Phone	Postcode *	
Name:	Fred Knurke Male Joey Scout Leader		Date of Birth * (yyyy-mm-dd)	WODILE FIGURE		
Gender: Appointment:						
Appointment: Formation:	1st Penrith					
Appointment: Formation: District:	Penrith City District					
Appointment: Formation:		dney	Save Save & Next			

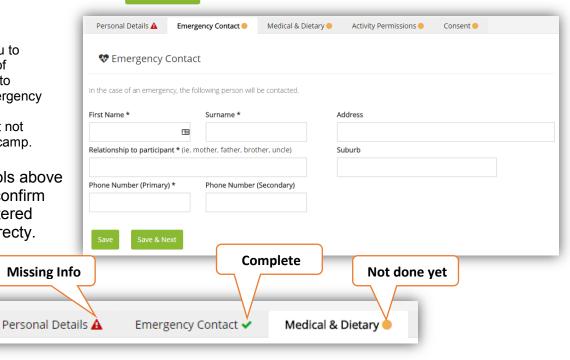
Please enter all the information as requested. Note that the Date Field requires the date to be entered in the format of Year-Month-Day in numbers EG: 2016-06-14 means (14<sup>th</sup> June 2016). This helps to ensure the month and day does not get confused.

Once the information is entered, click on Save if you want to come back later to complete it (Use the same link and Login code) or click on Save & Next to save and then continue on to the next page.

Here we need you to enter the details of who you want us to contact in an emergency

This contact must not be attending the camp.

Use the symbols above as a guide to confirm if you have entered everything correcty.



## The Medical and Dietary Page

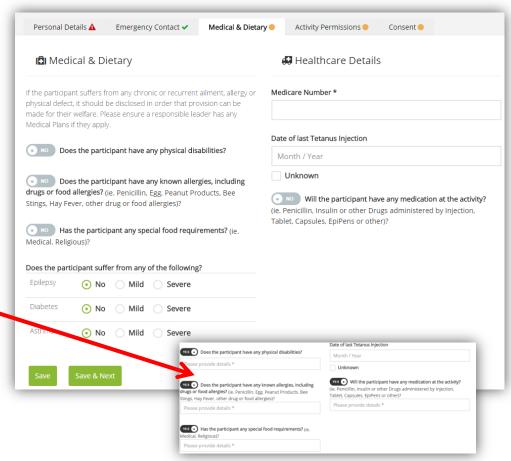
This page is very important.

Please read this thoroughly and answer as required.

Note that you may return to edit this page up until a week before the event.

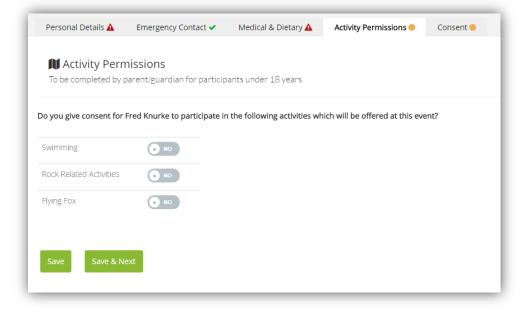
If you edit, you will need to re-print the form and pass it on to your leader.

As you click Yes, an extra field will appear for you to enter the information.

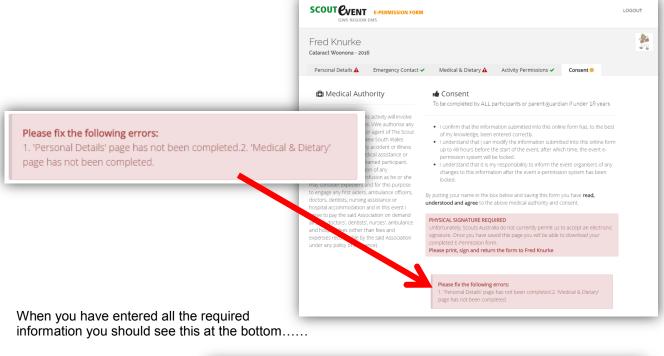


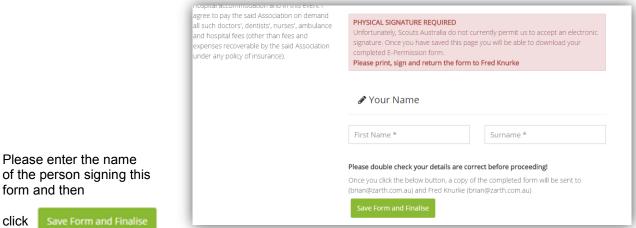
## Adventurous Activities Consent.

Please pay attention to this page and note that if you do not give consent, then your Joey will not be doing that activity.



When you get to this screen, if you still have incomplete pages you will not be able to go further.





You should receive the form in your email, or you can download from here....

the said Association on demand ors', dentists', nurses', ambulance fees (other than fees and coverable by the said Association plicy of insurance).



You should receive an E-Permissions Form like this.

Should you need to correct any information on this form. Use the link and code from your email to return to the form and then go to the last page



Note that once you unlock, you will need to print sign and return it to your Joey Leader.

## SCOUT EVENT E-PERMISSION FORM

032-004-0003

Fred Knurke Joey Scout Leader - 555555

REGISTRATION CONTACT: Fred Knurke brian@zarth.com.au

## PERSONAL DETAILS

Name	Fred Knurke
Address	55 Bunny Rd Rabbitsville NSW 2674
Home Phone	
Mobile Phone	
Date of Birth	2008-10-24
Contact Email	brian@zarth.com.au

Name	Fred Knurke
Relationship to Participant	Twin
Phone Number (Primary)	0455 555 5555
Phone Number	
(Secondary)	

Do you give consent for Fred Knurke to participant in the following activities which will be offered at this event.

Swimming	NO
Can the participant swim 50 metres?	N/A
Water / Boating	N/A
Rock Related	NO
Abseiling	N/A
Flying Fox	NO
Flying	N/A

Participant Signature (or Parent/Guardian if under 18 years)

If you have any questions, please contact Fred Knurke (02 9555 5555)



Name	Fred Knurke	
Date	2016-06-14 18:49:51	

Cataract Woonona - 2016 Cataract Scout Park Baden-Powell Drive, Appin NSW 2560 Sat 29th Oct 2016 (9:30am) to Sun 30th Oct 2016 (1:00pm)

## MEDICAL & DIETARY

If the participant suffers from any chronic or recurrent allment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare. Please ensure a responsible leader has any Medical Plans if they apply.

Medicare Number	2356876512721
Date of last Tetanus Injection	Unknown
Does the participant have any physical disabilities?	NO
Does the participant have any known allergies, including drugs or food allergies??	NO
Has the participant any special food requirements?	NO
Will the participant have any medication at the activity?	NO
Does the participant suffer from any of the following:	
Epilepsy	NO
Diabetes	NO
Asthma	NO

### MEDICAL AUTHORITY

## To be completed by ALL participants or parent/guardian if under 18 years

