



**APPLICATION TO ATTEND AN
OVERNIGHT SCOUTING ACTIVITY / EVENT**

PLEASE PRINT ALL DETAILS

Activity / Event

Scout Group

Section:

ACTIVITY / EVENT DETAILS

From (Date) To (Date)

Location

Contact No of Venue Leader Responsible

Adventurous Activities being conducted

Participants are required to meet at (Place) at (Time) am/pm

and are to be picked up from (Place) at (Time) am/pm

Cost of Activity: Please Return this Form NO LATER THAN

ACCEPTANCE BY LEADER (Leader to complete on return of form)

Payment Included: Signed

HOW TO GET THERE



Event.....

RETURN TO SECTION LEADER COMPLETE

.Amount Paid:

APPLICANTS PERSONAL DETAILS

Name	<input type="text"/>	Membership No:	<input type="text"/>
Home Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Applicants Level of Swimming	<input type="text"/>

EMERGENCY CONTACT during Activity / Event

Name	<input type="text"/>	Relationship to Applicant	<input type="text"/>
Address	<input type="text"/>		
Contact Numbers Home	<input type="text"/>	Work	<input type="text"/>
		Mobile	<input type="text"/>

ACCEPTANCE

I give permission for the applicant to attend the Overnight Activity (details as above) and for the Leader in charge to seek medical attention for the applicant should the need arise. I further agree that I have completed the health statement (overleaf) and attached any further information that could affect the welfare of the applicant.

Applicant to sign if over 18 years – Parent/Guardian to sign if applicant under 18 years

Print Name: Signed: Date:

HEALTH STATEMENT

MEDICATION:
Please provide details of medication the applicant will be taking during the Activity

Type: Dosage:

Frequency of Dose:

DIETARY REQUIREMENTS:
Please provide details of any dietary requirements

ALLERGIES / AILEMENTS / DISABILITIES:
Please provide details of any allergies, ailments or disabilities:

IMMUNISATION
Has Applicant been immunised against Tetanus in the past 5 years? Date of Immunisation

If Not: Can the applicant be given a Tetanus injection should the need arise?

Medicare No:	<input type="text"/>	Ambulance Fund No:	<input type="text"/>
Health Fund:	<input type="text"/>	Health Fund No:	<input type="text"/>