



VENTURERS
WESTERN AUSTRALIA

Presents

V4V 2009

Congratulations for taking the first step to attending V4V 2009! This registration pack contains all the information and resources you need to attend the best WA camp known to Venturers.

WHEN: 27.02.09 (Friday Night) – 02.03.2009 (Monday) (March long weekend). Venturers may check in through the registration area between 5pm and 10pm on Friday night. Alternatively, check in is also open between 8am and 10.30am on Saturday morning. Participants must check in only between these times and collect their information pack.

WHERE: The campsite selected is Camp Logue Brook, 1.5 hours from Perth via South West Highway (near Harvey) and offers tent camping for youth. The campsite is on 70 acres of pristine land and is well signposted from the highway. Vehicles may enter through the gate and drop off gear. Participants wishing to leave their cars at the site during the weekend must be aware they will not be able to move their vehicles during the event without prior permission.

WHAT: This camp is an opportunity to bring all Venturers together (a great follow up to Escape) for a fun, mostly social weekend with a couple of hours service thrown in for good measure. It addresses the desire of Venturers to have a social event for everyone to come along to.

WHO: All invested members of a Venturer Unit or Lones. Linking venturers who have started their linking process (age 14 and above) are also eligible to attend pending approval from their VL. Venturer Leaders may also participate.

COST: \$50.00 will cover the camp (\$10.00 deposit and \$40.00 final payment). Note this deposit is non refundable. This cost includes the two evening meals; all other food is BYO (individual caters for themselves or units cater for units). Horse riding is an extra charge with only 48 places available and is paid by those wanting to partake in this activity. (\$27.50 for a 1 hour session, please include this money with your deposit).

PAYMENT & REGISTRATION PROCESS:

There are two options (Option A OR Option B):

1. DEPOSIT

a. Pay \$10 deposit with the registration pack (on pages 2 and 3) by sending to branch by the 9th of December, or paying at the October or December BVC's (hand in the registration form).

b. Alternatively, complete the registration pack (on pages 2 and 3) and send in with the full payment of \$50.

EITHER OPTION IS DUE BY 9th DECEMBER 2008 AT BVC OR BY POST (PO Box 216, West Perth, WA 6872)

2. FINAL PAYMENT (IF YOU CHOSE OPTION A)

a. Send final payment form (below) and remaining \$40 to branch (PO Box 216, West Perth, WA 6872).

THIS IS DUE BY 15th FEBRUARY 2009 AND CAN BE PAID ON 10th FEBRUARY AT BVC

Make cheques payable to Branch Venturer Council. Please include the correct change as change will not be given. If you have any further queries, contact the organising committee:

Callum Mac Neill
Event Director
V4V 2009

Mob: 0488515780
e: bigmancallum@hotmail.com

Rosemarie Chandler
Advisor
V4V 2009

Mob: 0431758245
e: flp@westnet.net.au

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FINAL PAYMENT FORM – V4V 2009

(DUE BY 15th FEBRUARY 2009)

FULL NAME D/O/B/...../.....

VENTURER UNIT

EMAIL

\$40 FINAL PAYMENT INCLUDED

(Please include the correct change as change will not be given, make cheques payable to Branch Venturer Council)



**WESTERN AUSTRALIAN BRANCH / DISTRICT
VENTURER ACTIVITY / EVENT
APPLICATION FORM**

ACTIVITY / EVENT

V4V 2009

APPLICANT DETAILS- Please Print (In Ink) Clearly

FAMILY NAME		GIVEN NAMES		PREFERRED NAME	Tick Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Religion	Scout Registration Number		Tick: Invested Venturer <input type="checkbox"/> Linking Scout <input type="checkbox"/>	
Scout Group			District		

HOME ADDRESS					
N° & Street.....					
				Post	
Suburb/Town.....				Code	
PHONE:					
(H)	(W)	(Mob)	(email)		
POSTAL ADDRESS:					
N° & Street.....					
				Post	
Suburb/Town.....				Code	

EMERGENCY CONTACT DETAILS (Details to apply during Activity / Event)	
NAME: ADDRESS: PHONE: (H) (W) (Mob) (email)	Relationship to Applicant

Enclosed with this application is the activity / event fee of (please tick) <input type="checkbox"/> \$10 (Non-Refundable Deposit) OR <input type="checkbox"/> \$50 (Full camp fee, \$50 covers the \$10 non-refundable deposit) Horse Riding: <input type="checkbox"/> Optional: I wish to do the Horse Riding Activity and have included the extra \$27.50



NAME

D.O.B.....

HEALTH STATEMENT

Provisions for participant's welfare will be made according to the information supplied in this section. Please tick boxes and answer fully

Does the Applicant suffer any of the following?	Yes	No	IF "Yes", give/supply full details, including names of drugs and frequency of administration. Include other documentation as required.
1. Allergy - Drug			
2. Allergy - Food			
3. Allergy - Insect			
4. Asthma			
5. Diabetes			
6. Epilepsy			
7. Heart Condition			
8. Migraine			
9. Sleepwalking			
10. Intellectual Disability			
11. Physical Disability			
12. Other Health Condition			

Will Applicant be taking/carrying medication, tablets, prescription drugs, aid, to camp or on their person? Details ...	Yes	No
Will Applicant wear/carry a medic alert bracelet/charm/card or any other form of medical notification? Details ...	Yes	No
Does Applicant have any special food requirements for: medical/religious/cultural reasons? Details...	Yes	No
Has Applicant been overseas in the last three-(3) months? Details ...	Yes	No
Has Applicant been immunised against tetanus toxoid? Date of last tetanus toxoid immunisation ...	Yes	No
Other Health or Welfare Information	Yes	No
Medicare N ^o	Health Fund Details	
Ambulance Fund N ^o	Health Fund N ^o :	

INDEMNITY

I request that you consider the Applicant to participate in the above-mentioned Activity/Event. In consideration of the Scout Association of Australia Western Australian Branch ("the Association") accepting the Applicant as a participant in this Activity/Event, I agree to and do hereby indemnify the Association its officers, members, servants and agents against all actions suits claims demands arising out of any accident or illness which may befall or occur to the Applicant during or as a result of the participation in any activity or function connected with the Activity/Event or the Association or when traveling to or from such activity or function or arising out of any death during or as a result of the Applicant participating in any function or activity connected with the Activity/Event and the Association. I further authorise any officer member or servant of the said Association in the event of such accident or illness to obtain such medical assistance or treatment of the Applicant as may be considered necessary and for this purpose to engage any doctors nurses assistance or hospital accommodation and in this event I agree to pay the Association on demand all such doctors nurses assistance and hospital fees and expenses.

I agree that, if selected, the Applicant will abide by the regulations governing the activity / event concerning the Applicant's conduct and will carry out directions of the leader.

I understand that photography of people and events will take place during the activity / event and that this material may be used at a later stage to promote Scouts Australia (WA Branch).

I give permission for the Applicant to participate in water based activities during the activity / event

Yes No

I give permission for the Applicant to participate in adventurous & off site activities during the activity / event

Yes No

I give permission for photography of Applicant to take place during the activity / event

Yes No

ACCEPTANCE I give permission for the Applicant to attend aforementioned Activity/Event.

_____	_____	_____
Signature of Applicant (if over 18 years)	Signature of Parent/Guardian (if Applicant under 18 years)	Date

RECOMMENDATION (ONLY REQUIRED FOR LINKING SCOUTS) 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 recommend the Applicant as a participant.

VL: _____

Date _____