



Application to Attend Activity

Y3
V20150706

Pages 1 and 2 to be retained by Parent / Guardian

Pages one and two are to be retained by the applicant or Parent / Guardian.
Pages three and four are to be returned to the Leader in charge of the activity.

| | | |
|--------------------------|----------------|--|
| | Section | |
| Activity | | |
| Activity Location | | |

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

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Return pages 3 and 4 to the Section Leader

| | | | | | |
|-------------------------|--|-------------------|-------------------------------|---------------------------------|--|
| | | Membership Number | | | |
| Activity | | Activity Date | | | |
| Name of Youth Member | | Date of Birth | | | |
| Name of Group / Section | | Gender | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> | |
| 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

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 metres 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 metres dressed in shirt, shorts, shoes and a properly fitting personal flotation device and thereafter remain afloat? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Agreement

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 supplied the Leader in charge of the activity with a Health Statement (H1) for the applicant and agree to notify the Leader should any changes occur with the health of the applicant.

| | | | |
|--|--|-------------|--|
| Signature of Applicant (if over 18 years) | | Date | |
| Printed Name | | | |
| Signature of Parent / Guardian (if applicant under 18 years) | | Date | |
| Printed Name | | | |

Scouts WA Liability Statement (Waiver)

In consideration for being allowed to enter and participate in any activity or program at any place or site where any Scouts WA activity or program is conducted, the undersigned **(Parent or Guardian)** agrees as follows:

1. The Member understands that there are inherent risks associated with participation in any activity or program at any place or site where any Scouts WA activity or program is conducted, ranging from minor injuries to serious injuries, such as paralysis, or death, and agrees to assume those risks. Whilst on approved Scouting activities, members of Scouts WA will continue to be covered by the Scouts WA insurance program.
2. The Member agrees to take care for themselves and others, and to immediately advise Scouts WA staff or members if they consider they are in danger, or may be unable to complete any activity without jeopardising their safety or the safety of others. The Member must not participate in any activity while under the influence of alcohol or drugs, and must refrain from behavior which could affect the Member's safety, the safety of others, or any equipment or devices being used in any activities.
3. The Member must comply with all reasonable directions and instructions given by Scouts WA members and its staff, including warnings or safety instructions for the use of all equipment and devices.
4. Except where required by mandatory operation of law, Scouts WA shall not be liable to the Member for any personal injury, death, loss or damage to property, or for any direct, indirect, special or consequential loss or damage suffered by them or any other person. This clause does not exclude any entitlement that Scouts WA members have under the Scouts WA insurance program whilst on approved Scouting activities and programs.
5. Scouts WA members have cover under the Scouts WA insurance policy whilst on approved Scouting activities and programs. The Member (on their own behalf and on behalf of their executors, successors, representatives, assigns, and next of kin) hereby releases, waives, and agrees to forego any claim they may have or may later acquire against Scouts WA, its officers, or employees for any liability arising from any occurrence at any Scouts WA activity centre which leads to their personal injury or death, or any loss or damage to personal property including, without limitation, any direct, indirect, or consequential loss or damage that may arise from the same.
6. The Member agrees that they are 18 years of age or over. If not, their legal parent or guardian must sign this waiver on their behalf or, if they are not the legal parent or guardian, they agree that they sign this with the express permission of the child's legal parent or guardian.
7. The Member agrees to execute sign and execute this Waiver as a condition of participating in activities at Scouts WA activity centres. If the Member (or, if the Member is a child, a person authorised to sign on behalf of the Member) does not execute the Waiver then Scouts WA may refuse the Member entry to any Scouts WA activity centre, and the Member may not participate in activities at these centres.
8. This Waiver is not intended to reduce, or invalidate, the insurance cover to members of Scouts WA engaged in approved Scouting activities and programs. That insurance cover operates separately. Although as a result of the waivers, Scouts WA itself may have no liability outside of its specific member insurance, its insurer may provide specific cover for specific events to Scouts WA members engaged in official Scouting activities, and in such circumstances Scouts WA's liability is limited to the amount of cover so provided.

I have read and agreed to the terms of the above Liability Statement (Waiver)

| | | | |
|--|--|-------------|--|
| Signature of Parent or Guardian | | Date | |
| Printed Name | | | |

Approval *(Note the Section Leader's signature of approval must be on this form)*

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 approve the Applicant as a participant.

| | | | |
|-----------------------------------|--|-------------|--|
| Section Leader (signature) | | Date | |
|-----------------------------------|--|-------------|--|