



PLEASE RETURN COMPLETED FORM TO THE ACTIVITY COORDINATOR

ACTIVITY NOTIFICATION FORM PART I - ACTIVITY PARTICIPATION AND MEDICAL FORM (This page is to be completed and returned for All Participants)

ACTIVITY DETAILS - (FOR FULL DETAILS PLEASE SEE PAGE 2)

ACTIVITY: Blacktown District Billy Cart Derby ACTIVITY NO:
GROUP/FORMATION: Blacktown District Seeonee
LOCATION: Morreau Reserve, Rooty Hill
START TIME (24hr): 09:30 DATE: Sunday, 17 Aug 2014 FROM: Morreau Reserve
FINISH TIME (24hr): 15:00 DATE: Sunday, 17 Aug 2014 TO: Morreau Reserve
Name of Activity Coordinator: SCOTT LEACEY Phone: 0404 654 628
Cost: \$10.00 Payable to: Your Cub/Joey Leader Closing Date: Sunday, 17 Aug 2014
Method of transport to and from the activity: Parents/Carers responsibility

PARTICIPANT DETAILS - TO BE COMPLETED BY ALL PARTICIPANTS OR PARENT/GUARDIAN IF UNDER 18 YEARS

GROUP/FORMATION: 1st WINSTON HILLS GROUP MEMBERSHIP NO.
SECTION: Joey Scout Cub Scout Scout Venturer Rover Leader Helper / Instructor / Non Member
SURNAME: GIVEN NAMES:
ADDRESS:
TOWN/CITY: STATE: POST CODE:
TELEPHONE: MOBILE: E-MAIL:
DATE OF BIRTH: GENDER: Male Female RELIGION/FAITH:
ATTENDANCE: ALL Friday Saturday Sunday Days Only
Friday Night Saturday Night Sunday Night Other
In case of Emergency contact: Phone:
Address: Suburb: 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. Further details can be given on reverse side. Please attach any Medical Plans if they apply.

Does the participant have any physical disabilities?
Does the participant suffer from any of the following? Epilepsy Diabetes Asthma
Level: Mild Severe
Does the participant have any known allergies, including drugs or food allergies? (i.e. Penicillin, Egg, Peanut Products, Bee Stings, Hay Fever, other drug or food allergies):
Has the participant any special food requirements? (for Medical, Religious)
Medicare Number:
Date of last Tetanus Injection: or unknown
Will the participant have any medication at the activity? (i.e. Penicillin, Insulin or other Drugs administered by Injection, Tablet, Capsules, EpiPens or other).
Name of Drug:
Dosage: How Often:
Administered by: self or whom:

PARENT CONSENT - TO BE COMPLETED BY PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18 YEARS

Can the participant Swim 50 meters? Yes
I consent to my child's participation in the following which may be a part of this Activity.
Swimming Water/Boating Activities Rock Related Activities Abselling Flying Fox Flying

MEDICAL AUTHORITY - TO BE COMPLETED BY ALL PARTICIPANTS OR PARENT/GUARDIAN IF UNDER 18 YEARS

I/We acknowledge that this activity will involve inherent and obvious risks. I/We authorise any officer, member, servant or agent 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 participant, 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).
If you have any questions please contact: SCOTT LEACEY Phone 0404 654 628
Participant:
Parent/Guardian (if Participant Under 18 Years) Signature Print Name Date



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 kept by participants)

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Cost: \$10.00 Payable to: Your Cub/Joey Leader Closing Date: Sunday, 17 Aug 2014

Method of transport to and from activity: Parents/Carers responsibility

The activity  will  will not be under direct adult supervision.

The activity  will  will not involve both male and female youth members.

Both male and female Leaders  will  will not be present

### EMERGENCY CONTACT

If you feel that the participant is overdue in returning from the activity you should contact the nominated emergency contact.

Name: SHANE SELWOOD Home Phone: 9686 7367 Mobile: 0478 002 665

### ADDITIONAL DETAILS

Provide details about the activity. Can include gear lists, map references etc.

**Bring: a helmet, hat & bottle of water. Wear: long sleeved shirt/jumper and pants**

Basically the rules for Billy Carts are:

No metal frames

No pump up / spoke wheels

Wheels must be no bigger than 250mm

No steering wheels (use rope or feet only)

No brakes

Seats must have three sides (two sides and a back on the seat). Patterns are available from your Cub Leader

PLEASE.....Your groups must stay within the specks....NO other BILLY CARTS.

CARTS NOT MADE TO THESE specific SPECKS... WILL NOT BE ALLOWED TO COMPETE....

All competing carts will be inspected before racing, so please arrive on time. **All drivers MUST wear a helmet.**

Cost includes a lunch pack consisting of a sausage sandwich, drink and snack as well as a badge.

2nd KL will also be selling sausages etc for general sale.