



WESTERN AUSTRALIAN BRANCH / DISTRICT
VENTURER ACTIVITY / EVENT
APPLICATION FORM

ACTIVITY / EVENT

APPLICANT DETAILS- Please Print (In Ink) Clearly

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

HOME ADDRESS

N° & Street.....

Suburb/Town..... Post Code

PHONE: (H) (W) (Mob) (email)

POSTAL ADDRESS:

N° & Street.....

Suburb/Town..... Post Code

EMERGENCY CONTACT DETAILS
(Details to apply during Activity / Event)

NAME:	Relationship to Applicant
ADDRESS:	
PHONE: (H) (W) (Mob) (email)	

Enclosed with this application is the activity / event fee of \$

PLEASE COMPLETE PAGE





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°	Health Fund Details.....	
Ambulance Fund N°	Health Fund N°:.....	

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 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 _____