

Scouts Australia – NSW Hunter & Coastal Region

Office Use
Receipt No

APPLICATION TO ATTEND A COURSE

1. This Form is used for Hunter & Coastal Region Courses/Events ONLY
2. Draw all cheques/money orders payable to “Scout Association – NSW Branch” ONLY.
3. Send form and money to PO Box 854 The Junction 2291.
4. Fax/e-mail copies are acceptable for credit card payments only (**Signatures Required**)
Fax: 4929-1753 E-mail: hc.region@nsw.scouts.com.au
5. All Courses CLOSE 21 days before the event and form/payment must be at the Region Office.

Course Name:	Date/s:	Course No.
Attending this Activity as: (please circle) Student / Activity Leader / Instructor / Helper		Cost: \$

No. of Courses previously attended in this field (disciplines):	Bring your Certificates/ Log Book.
Previous skills obtain in this field (disciplines):	

Membership No.

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Surname:	Given Names (Both):		
Address:			
Postcode:	Telephone ()	Sex: Male/Female	Date of Birth:
Group:	Section:	Email Address:	
If attending a Water Course what type of Craft: Canadian/ Kayak/ Sailboat			

Contact Person:	Relationship	
The following information is only required if it is NOT the same as above.		
Address:		
Postcode:	Telephone: ()	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.

Payment: If card – Visa Master Card

Card Number

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Name on Card _____ Expiry Date ____ / ____

Amount: \$ _____ Signature: _____

A: Does the applicant suffer from any physical disabilities	Yes/No	If yes, details _____ _____
B: Does the applicant suffer from 1. Diabetes Severe / Mild 2. Asthma Severe / Mild 3. Epilepsy Severe / Mild 4. Heart or Blood Pressure	Yes/No Yes/No Yes/No Yes/No	Space for further explanation is required _____ _____ _____ _____
C: Does the applicant have any known allergies, including drugs or food allergies. (i.e. Penicillin, Egg, Bee Sting, Hay Fever, other Drug or Food allergies).	Yes/No	_____ _____ _____
D: Will the applicant have any medication at the activity? (i.e. By Injection, Tablet Capsule, Penicillin, Insulin, other Drugs).	Yes/No	Name of Drug _____ Dosage _____ Reason _____ How often administered and by whom _____ _____
E: Has applicant any special food requirements (for Medical, Religious)	Yes/No	If yes, details (if insufficient room please attach letter) _____ _____
F. Date of last Tetanus Injection		
G. Medicare Number		
H. Name of Medical Fund		
I. Ambulance Fund Cover	Yes/No	

I authorise any officer, member or servant 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 applicant, 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).

APPLICANT'S SIGNATURE: _____ DATE: _____

(Applicants signature not required for those under 18 years)

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

LEADER'S SIGNATURE: _____ DATE: _____