

Outback Discovery Corroboree 2012

Dear Leader

Once again it is Region Corroboree time, and of course you and the registered members of your Troop are invited.

The location for this Corroboree is at Lostock Scout Camp starting Wednesday 18th January through to Sunday 22 January 2012.

The cost will be \$145.00 a head which will include all catering and activities (you do your own cooking) and of course there will be a badge, as well as the "Corroboree Award" for all Scouts and Leaders who earn the required number of points. For Leaders (only) who are attending part-time a proportional fee has been set at:

1 Day - \$58.00 2 Days - \$80.0 3 Days - \$102.00 4 Days - \$124.00
(THIS IS NOT AVAILABLE FOR ANY YOUTH MEMBER)

The cost on a daily basis includes 3 meals, badge and an award.

There is also a position for Leaders to indicate any Special Qualifications that they may have.

Again we will be using the Jamboree Troop System for catering (40 per Troop).

In addition to the usual personal gear, it will be necessary for each Scout to bring the following equipment:

- Swimming shoes, C shirt and board shorts are compulsory for water activities
- Torch
- Drink Bottle
- Collared shirts- **not** Tee Shirts without a collar

Please note:

As usual, each participant will be given a Bucket Style Hat, please bring a spare bucket hat. Base Ball caps are NOT ACCEPTABLE. All Scouts, Venturers, Rovers and leaders must wear collared shirts (NOT Provided)

For general questions and more information – please firstly ask your local District Scout Leader.

Please copy all parts of the forms if more are needed. If you are unable to copy the forms then please phone the Region Office for further supply. **A single Group cheque in payment of ALL applications is REQUIRED**, (all cheques are to be made payable to Scout Association, NSW Branch) and not in any other way. Cheques drawn in any other way regrettably will have to be returned as our Bank will not accept them.

Application forms, medical forms and cheques must be forwarded together.

The A1 form does not have sufficient room for medical, so we require the additional medical information form to be attached to the A1.

For us to order badges, awards and catering reasons the applications **CLOSE** at the Region Office at 5.00 pm on Friday 2nd December. **NO LATE ENTRIES WILL BE ACCEPTED**

Look forward to seeing you there.

"Kulai"

Bill Brown

Regional Commissioner (Scouts)

bill@hcmelectrical.com.au

Medical Statement

Please staple passport sized photo here **X**

Name: _____ Group: _____

Medicare No.: _____ Are you a member of a Private Health Fund? Yes/No

Fund Name: _____ Membership

No.: _____

Ambulance Cover Yes/No

Family Doctor: _____ Contact Number: _____

Immunisation: It is recommended that you are fully immunised as per the National Health and Medical Research Council Schedule. Please provide the date of your last Tetanus immunisation: _____

Do you wear a medical alert necklace/bracelet? Yes/No Necklace/ Bracelet If yes please give details

Medical details: _____ alert

Do you take medication regularly? Yes/No If yes, please give details below

| Drug | Dose | Method of Administration |
|------|------|--------------------------|
| | | |
| | | |

Do you have any allergies? Yes/No If yes please give details below
(E.g. Drugs, Plaster, Toiletries, Food, Insects)

| Allergies | Type of Reaction | Treatment |
|-----------|------------------|-----------|
| | | |
| | | |

Do you use any medical aids? Yes/No If yes please give details below

Do you have any special dietary requirements? Yes/No If yes please give details below
(For Medical or Religious reasons **only**)

| | | | | | |
|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Diabetic | <input type="checkbox"/> | No Gluten | <input type="checkbox"/> | Vegetarian |
| <input type="checkbox"/> | No Dairy / No Lactose | <input type="checkbox"/> | Other – Please Specify | <input type="checkbox"/> | Religious/Belief |

Medical Conditions

If you suffer from any of the following ailment or conditions, please indicate by ticking the appropriate place, so that provision can be made for your welfare. Please also give details regarding any affirmative answers in the space provided below.

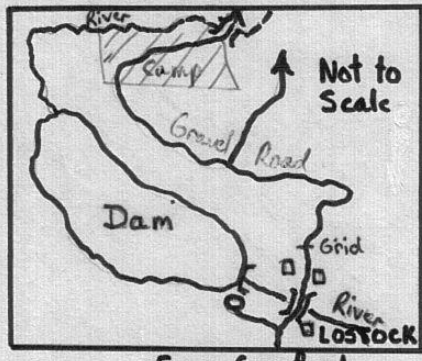
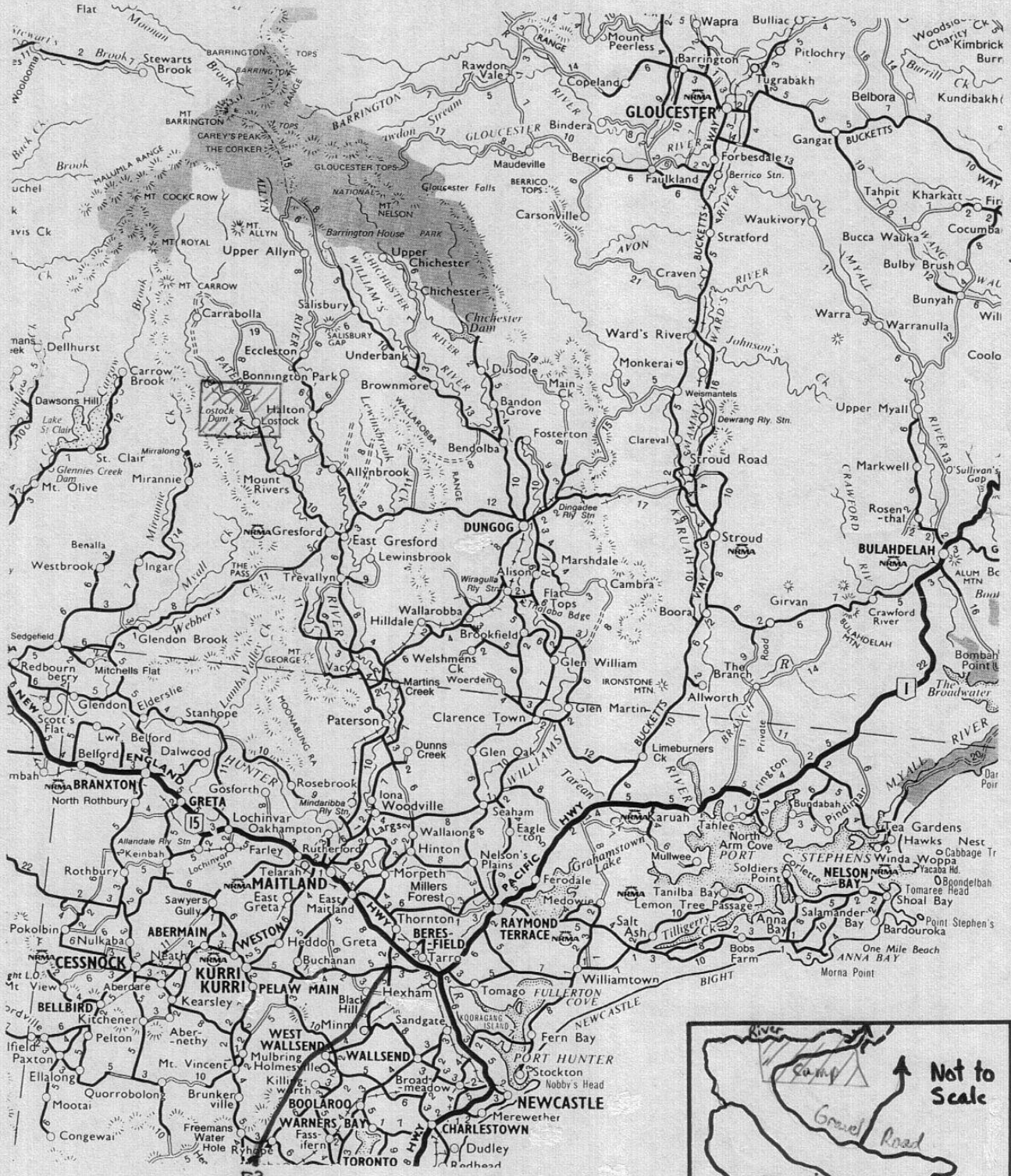
| | | | | | |
|--------------------------|---|--------------------------|----------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Angina | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Nose Bleed |
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Skin Condition |
| <input type="checkbox"/> | Blackouts | <input type="checkbox"/> | Hearing Disorders | <input type="checkbox"/> | Sleep Walks |
| <input type="checkbox"/> | Bleeding Disorders | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | Ulcers |
| <input type="checkbox"/> | Blood Pressure | <input type="checkbox"/> | Hives | <input type="checkbox"/> | Visual Impairment |
| <input type="checkbox"/> | Bronchitis | <input type="checkbox"/> | Migraine | <input type="checkbox"/> | ADHD |
| <input type="checkbox"/> | Bed wetting | <input type="checkbox"/> | Aspergers- | <input type="checkbox"/> | Nightmares |
| <input type="checkbox"/> | Any information that will assist your child's welfare and wellbeing | <input type="checkbox"/> | Any behaviour issues | <input type="checkbox"/> | Other (inc Physical Disability) |

Details of medical condition and support required:

SHOULD YOUR MEDICAL CONDITION CHANGE FROM THE INFORMATION PROVIDED ABOVE IN ANY WAY, PRIOR TO ATTENDING THE EVENT, IT IS YOUR OBLIGATION TO ADVISE THE COURSE LEADER AND/OR CAMP DIRECTOR!

PARENTS / GUARDIANS SIGNATURE: _____ DATE: _____

Lostock Camp



From Grestford
From bridge to Camp is
approx 5 kms