

The course is open to:

All Leaders, Rovers, Venturers, Scouts, and Guides. All Scout members 14 & over are required to fill in a TR1 as well as this form.

The course will be held on the Anglesea River.

Camping is available at Eumeralla. Please phone the camp to arrange camping facilities.

Note that the paddling will be held on the Anglesea River, and yourself or your group will be responsible for getting all participants to & from the river on Saturday & Sunday.

Yourself or your group should supply all the following equipment.

Craft: - canoe, kayak, PFD, paddles, bailers.

Canoe clothing and gear: - joggers, shirt, shorts, sun hat, sun glasses, old wool jumper and beanie, Spicer type wind proof top, sun bloc and wetsuit if possible. Scroggin, 2 ltr water bottle, and personal medication.

Material for wet pack: - 2 metre square of soft plastic/ nylon sheet, 3 metres of blind or curtain cord, plastic garbage bags and thick rubber bands.

A change of clothes, and a pair of runners or wetsuit booties to wear in the water (No workboots, thongs or sandals), as you will all be getting wet on most days.

** Districts and Region have canoes and kayaks and associated equipment for hire, so please ask for more details prior to the course if you require the use of them.*

Contact: -

Mick De Wit Mobile 0430 021 566

Mike Smith Mobile 0418 389 865

PERSONAL: Date of Birth _____ Sex (M / F) _____ Age at activity _____		
Medicare No. _____	Ambulance No. _____	Private Cover No. _____
EMERGENCY USE: Name and address of Parents / Guardians during ACTIVITY		
Name: _____	Relationship _____	
Address _____	Area code _____	Phone No. _____
Mother's mobile _____	Father's mobile _____	Business _____
Other contacts if we cannot contact above: _____		
HEALTH STATEMENT		
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.		
A. Does the applicant suffer from any physical or other disabilities?	Yes / No	If Yes, Details: _____ _____ _____
B. Does the applicant suffer from: Asthma? Mild / Severe Diabetes? Type 1 / Type 2 Epilepsy? Mild / Severe A.D.D or A.D.H.D? Black outs / Dizzy spells / Migraines	Yes / No Yes / No Yes / No Yes / No Yes / No	Explanation / Medication: _____ _____ _____ _____ _____
C. Does the applicant have any known allergies, including drug or food allergies? I.e. penicillin, bee sting, egg, hay fever. Other drug or Food allergy. Environment related allergy.	Yes / No	If yes, details: _____ _____ _____ _____ _____ _____
D. Will the applicant have any medications at this activity, i.e. by injection / capsule Penicillin, Insulin, Ventolin or other drugs. Please inform leader in charge on arrival	Yes / No	Name of drug _____ Dosage _____ Reason _____ How often admin. _____ Administered by whom _____
E. Any further medical information you may consider necessary, including special diets? Details: _____ _____ _____		
F Analgesics: in the event of your child requiring the administration of an analgesic (eg. Panadol). Do you HEREBY CONSENT to your child being given the recommended child dosage of Paracetamol or Panadol. Yes / No If yes Please sign here		

I hereby **authorise** the leader in charge of this Scouting Activity, in circumstances where it is not possible or it is impractical to communicate with me to seek for my child, such Surgical, Medical or Dental treatment as a qualified Practitioner may consider to be necessary (including blood transfusions). I hereby **Consent** to such treatment.
 1 DO NOT consent to any video or still footage of my child taken during the weekend, to be used for training purposes, or be available for viewing on the GRWAC web page at www.geelongscouts.org.au.

Date _____ Signed _____ (Parent / Guardian) BWAC 004 Nov 95/GRWAC Dec05