



# Parent Advice

# Y4

June 2010

### Use of this Form

Do not photocopy this form double sided – Page 1 is to be retained by the Parent/Guardian, Page 2 to be returned to the Section Leader

### Parent to retain this page of the form

#### Activity Details

<b>Group</b>	Scout Motorsport Club SA		<b>Section</b>	ASA	
<b>Activity</b>	Tarmac Khanacross ride & practice day #2				
<b>Activity Location</b>	Adelaide International Raceway (AIR), Virginia				
<b>Start Time</b>	8.00am	<b>Date</b>	10 November	<b>Meeting Place</b>	AIR
<b>Finish Time</b>	4:00pm	<b>Date</b>	10 November	<b>Meeting Place</b>	AIR
<b>Leader in Charge of Activity</b>	Jordan Johnson			<b>Appointment</b>	BC Motorsport
<b>Phone</b>		<b>Mobile</b>	0419373448		
<b>Email</b>	bc.motorsport@sa.scouts.com.au				

<b>Type of transport to and from Activity</b>	own				
<b>Cost of Activity</b>	\$40/ \$50	<b>Payable to</b>	SMCSA	<b>By the</b>	3rd June 2018

<b>If you feel that your child is overdue from the activity, you should contact</b>			
<b>Name</b>	Jordan Johnston	<b>Phone</b>	0419 373 448

<b>The activity</b>	WILL <input checked="" type="checkbox"/>	WILL NOT <input type="checkbox"/>	be under direct adult supervision
<b>The activity</b>	WILL <input checked="" type="checkbox"/>	WILL NOT <input type="checkbox"/>	Involve both male and female youth members
<b>The activity</b>	WILL <input type="checkbox"/>	WILL NOT <input checked="" type="checkbox"/>	require uniform to be worn

#### Additional Parent Information

Parents should keep this page for reference, and return the Authority to Participate Section of this form (Page 2) to the Section Leader by the time indicated

\$40 fee fro participating as driver
CAMS License and SMCSA Membership is required on the day for those wanting to dirve
CAMS license can be applied for on the day, renewals cannot
SMCSA Membership \$10
Lunch is not provided, please ensure youth members bring their own lunch
All passender in vehicle disclamers must be signed by a Parent or legal gardian.
Scout Leaders cannot sign these forms on behalf of a parent or legal gardian

**Return this page to the Section Leader**

**Authority to Participate**

Parents Consent to be returned to the Section Leader by			10 November 2018		
Activity	Khanacross ride & practice day #2	Activity Date	10 November 2018		
Name of Youth Member		Date of Birth			
Name of Group / Section		Gender	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
Address of Youth Member		Phone			
Suburb		Postcode			
Email Address					

**Health and Fitness aspects of youth member that leaders should be advised of, including any medication, with instructions, the child will be bringing. For special diets please provide examples, brand names etc of what you are able to eat. Attach a separate sheet listing in detail these requirements.**

Known allergies	
Dietary requirements	

**The following activities will be provided during the event. Please indicate Yes or No to allow your child to participate in the specified event.  
\*\*If there is no indication your child will not be permitted to participate in that activity\*\***

Type of Activity	Consent			Type of Activity	Consent	
Motorsport Passenger	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Driving (Supervised)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Officialling Trackside	YES <input type="checkbox"/>	NO <input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can he/she swim	20m	50m	100m		YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>During the activity where we can contact the parents</b>			
Name			
Address		Phone	

<b>In case of an emergency the contact person will be</b>			
Name			
Address		Phone	
Relationship to Youth member			

<b>Hospitals sometimes require the following information</b>				
Medicare No		Ambulance Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Private Health Fund Details	Name			
Member #		Table		

**Agreement and Medical Authority**

<p><b>Medical</b></p> <p>I agree not to make a claim against Scouts Australia (SA Branch) beyond the level of insurance provided by their policies (see explanation below). I authorise any member or other official representative of Scouts Australia (SA Branch) to obtain any medical or dental attention or treatment, or ambulance assistance, considered necessary (or expedient) for the applicant. I agree to reimburse Scouts Australia (SA Branch) for any expenses incurred as a result which are not covered by the Association's insurance policies.</p> <p><b>Explanation of Scout Association Insurance</b></p> <p>Scouts Australia (SA Branch) maintains insurance policies designed to cover Adult/Youth Members during Scouting service. For further information you should consult with your Group Leader or relevant Commissioner to ascertain the exact level of cover of these policies.</p> <p><b>Consent to Use of Image</b></p> <p>I consent to photographic / video images of me / my child being taken at Scout activities and being used for promotional purposes by and for Scouts Australia.</p> <p>Signed _____ Date _____</p> <p>Relationship to child [eg parent/guardian/care giver] _____</p>
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