



Water Activities Consent Form

Awatuna Sea Scouts provides regular water activity opportunities to its Scout members during normal meeting nights. Prior to taking part in these activities participants must have completed a Water Activities Consent Form providing the name and contact details for a parent or caregiver and have written permission to participate. A new form must be submitted per term.

Water activities take place in the Waiake Beach area of Torbay to the limits indicated in the map below.



Personal Details

Surname	
First Name	
Address	
Emergency Contact	
Emergency Contact Phone	
Emergency Contact Mobile	
Email	

Parental Assistance

Peter Van Kuyk will be arranging parental help for sailing activities. Please be prepared to help for one evening if required. Thank you!
--

Consent

<p>Applicant: I apply to attend the Awatuna Scouts Water Activities. I accept the risks involved. I accept that I must fully participate in all activities and that I will satisfactorily complete all duties as reasonably required of me. I agree to abide by the Rules of SCOUTS New Zealand and the Rules of the activities.</p> <p>Signature of Applicant: Date:</p>
--

<p>Parent/Caregiver: (for all applicants less than 18 years of age) I am willing to allow the applicant to attend the Awatuna Scouts Water Activities. I accept the risks involved and agree that the applicant will be amenable to the instructions of the adult leaders in whose charge he/she is placed.</p> <p>Signature of Parent/Caregiver: Date:</p>
--

Medical Information

Participants Doctor	
Does this applicant suffer from any of the following (tick the box if Yes)	<input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Fainting <input type="checkbox"/> Hayfever <input type="checkbox"/> Cardio Vascular Disease <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Sulpha Allergy <input type="checkbox"/> Convulsions/Epilepsy <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Penicillin Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Haemophilia <input type="checkbox"/> OTHER ALLERGIES
If yes to any of these, please provide details or requirements	
Dates of last immunisations or injections (if the last injection was more than 10 years ago, we recommend you consult your Doctor)	Tetanus: Other:
Has a dentist checked the applicant in the last six months?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Does the applicant have ADD / ADHD?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Does the applicant have a Community Services Card?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Does the applicant have Medical Insurance?	<input type="checkbox"/> Yes / <input type="checkbox"/> No if Yes, Number:
List all medicines, appliances, and aids that the applicant will be taking to the activities.	
State any other medical factors.	

Medical Statement Confirmation: I confirm the above is a true and complete statement of the applicant's health. I do not know of any other physical, mental, or emotional problems, I agree to the advice SCOUTS New Zealand as soon as possible if the applicant develops any illness or is exposed to any infectious disease before departure to the activities. I agree that the medical information may be released to suitably qualified medical personnel where appropriate. In the event of the applicant suffering accident or sickness while travelling to, participating in, or returning from the activities, I agree that any necessary medical attention may be arranged and I agree to reimburse any medical, hospital, or other related expenses incurred by SCOUTS New Zealand.

Parent/Caregiver:

Relationship:

Date:

Signature:

Privacy Act

In compliance of the Privacy Act 1993 the following is brought to your attention.

- a. This application form collects information about you.
- b. This information is collected:
 - i) to decide whether you may be included in the water activities detailed above.
 - ii) to make arrangements for your participation and welfare should you be included.
- c. The information is being collected for SCOUTS New Zealand and will be used by the organisers and managers of the activities. It will form part of a directory of Scout Personnel and membership records and is available to your Group, Zone, and Region. It may be used to inform you about products and services offered or recommended by SCOUTS New Zealand, and opportunities to support SCOUTS New Zealand's work.
- e. You have rights to, and correction of, this information subject to the provisions of the Privacy Act 1993
- f. It is intended the information you provide on the Medical Information area be used by those responsible for your welfare at the activities and access to it is restricted accordingly.