



CALLING
CUB SCOUTS OF WESTERN AUSTRALIA

Do you like to have Fun?
Do you like Adventure?
Do you like Camping with your Mates?
Do you like activities like Canoeing, Aerial Runway and Climbing Wall?

Then you need to be at Enduro 2010
September 24-27, 2010

Enduro is the Premier Cub Scout Event held every 3 years at Manjedal and you are invited to attend. You will experience what it is like to join in with over 700 Cub Scouts on a weekend of fun and adventure. You only get one opportunity to attend Enduro during your time in Cub Scouts.

You sleep in a tent and take part in many fun activities both on and off site.

Sounds like Fun

Well, what you need to do now is tell your parents and your Cub Scout Leaders that you would like to attend Enduro.

What we will do is put the Cub Scouts into Dens made up of 36 Cub Scouts and 6 Leaders.

Attached is a copy of the Enduro Application Form for you to give to your parents and if they have any questions ask them to speak to your Leader.

So get your application to your Leader.
(Applications close 30 June 2010. Numbers are limited)

You do not want to miss Enduro
It's going to be Fantastic



ENDURO – 2010

September 24-27

YOUTH APPLICATION

FORM

APPLICANT DETAILS- Please Print (In Ink) Clearly
PLEASE ATTACH 2 PASSPORT SIZE PHOTOGRAPHS (of applicant)

FAMILY NAME		GIVEN NAMES		PREFERRED NAME	Tick Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Religion	Scout Registration Number		<input type="text"/>	
Scout Group			District		

HOME ADDRESS	
N° & Street.....	Post Code
Suburb/Town.....	Code
PHONE: (H) (W) (Mob) (email)	
POSTAL ADDRESS:	
N° & Street.....	Post Code
Suburb/Town.....	Code

EMERGENCY CONTACT DETAILS (Details to apply during ENDURO–2010)	
NAME:	Relationship to Applicant
ADDRESS:	
PHONE: (H) (W) (Mob) (email)	

PAYMENT OPTIONS	
Full Payment due with Application no later than 30 June 2010	<input type="checkbox"/> \$ 185.00

PLEASE COMPLETE PAGE





ENDURO - 2010

NAME

D.O.B.....

HEALTH STATEMENT

Provisions for participant's welfare will be made according to the information supplied in this section.
Please tick boxes and answer fully

Does the Applicant suffer any of the following?	Yes	No	IF "Yes", give/supply full details, including names of drugs and frequency of administration. Include other documentation as required.
1. Allergy - Drug			
2. Allergy - Food			
3. Allergy - Insect			
4. Asthma			
5. Diabetes			
6. Epilepsy			
7. Heart Condition			
8. Migraine			
9. Sleepwalking			
10. Intellectual Disability			
11. Physical Disability			
12. Other Health Condition			

Will Applicant be taking/carrying medication, tablets, prescription drugs, aid, to camp or on their person? Details ...	Yes	No
Will Applicant wear/carry a medic alert bracelet/charm/card or any other form of medical notification? Details ...	Yes	No
Will Applicant have any special food requirements for: medical/religious/cultural reasons? Details...	Yes	No
Will the Applicant have been overseas in the previous three (3) months before the activity? Details ...	Yes	No
Has Applicant been immunised against tetanus? Date of last tetanus immunisation	Yes	No
Other Health or Welfare Information	Yes	No
Medicare N ^o	Health Fund Details.....	
Ambulance Fund N ^o	Health Fund N ^o	

INDEMNITY

I request that you consider the Applicant to participate in the above-mentioned Activity/Event. In consideration of the Scout Association of Australia Western Australian Branch ("the Association") accepting the Applicant as a participant in this Activity/Event, I agree to and do hereby indemnify the Association its officers, members, servants and agents against all actions suits claims demands arising out of any accident or illness which may befall or occur to the Applicant during or as a result of the participation in any activity or function connected with the Activity/Event or the Association or when traveling to or from such activity or function or arising out of any death during or as a result of the Applicant participating in any function or activity connected with the Activity/Event and the Association. I further authorise any officer member or servant of the said Association in the event of such accident or illness to obtain such medical assistance or treatment of the Applicant as may be considered necessary and for this purpose to engage any doctors nurses assistance or hospital accommodation and in this event I agree to pay the Association on demand all such doctors nurses assistance and hospital fees and expenses.

I agree that, if selected, the Applicant will abide by the regulations governing ENDURO- 2010 concerning the Applicant's conduct and will carry out directions of the leader.

I understand that photography of people and events will take place during ENDURO - 2010 and that this material may be used at a later stage to promote Scouts Australia (WA Branch).

I give permission for the Applicant to participate in water-based activities during ENDURO - 2010. Yes No

I give permission for the Applicant to participate in adventurous & off site activities during ENDURO- 2010. Yes No

I give permission for photography of Applicant to take place during ENDURO - 2010 Yes No

ACCEPTANCE I give permission for the Applicant to attend ENDURO- 2010.

_____	_____	_____
Signature of Applicant (if over 18 years)	Signature of Parent/Guardian (if Applicant under 18 years)	Date

RECOMMENDATION I certify that I have checked the eligibility of the Applicant and the completeness of this application. I find that the Applicant qualifies in every respect and recommend the Applicant as a participant in ENDURO-2010.

GL/CSL: _____ Date _____ District Commissioner: _____ Date _____