

# Anything Goes 2010

**SPECIAL ACTIVITY/PASSOUT PERMISSION FORM** for \_\_\_\_\_ **ID Number** \_\_\_\_\_

We require a parent/guardian signature against each activity the Venturer has permission to participate in. Remember, there are many Venturers requesting the same preferences, so sign **as many** as you agree to. Without your signature, your child **will not** be allowed to undertake this activity.

<i>Event</i>	<i>Description</i>	<i>Signature</i>	<i>Event</i>	<i>Description</i>	<i>Signature</i>
<b>Car Driving</b>	Mini lesson run by professional driving instructor, designed for individuals who have either some, limited or no basic driving experience. Must have learners Permit to undertake this activity		<b>Scuba Diving</b>	Intro scuba in indoor pool with fully qualified instructors. Asthmatics, diabetics, epileptics or anyone with a head cold will be excluded. Suggested clothing.	
<b>Archery</b>	An archery session run by the local archery club with experienced personal from the club.		<b>Surfing</b>	Introduction to surfing lesson held by professional instructors. Special clothing provided.	
<b>Horse Trail Ride</b>	Trail ride in Bunyip State forest run by professional external provider. Specific footwear and clothing required.		<b>Ten Pin Bowling</b>	Local indoor ten pin bowling session supervised by Scouting personnel.	
<b>Laser Tag</b>	Held on site in a large shed Activity run by lasertag personnel.		<b>Water Skiing</b>	Water skiing experience run by Scout Water Skiing team. Special clothing provided.	
<b>Mountain Bike Circuit</b>	Held at outdoor mountain bike complex at Scout camp by experienced personnel.		<b>4WD Trip</b>	Run by 4WD clubs, not a tourist drive, but a short fair dinkum trip through the local bush tracks.	

**Please SIGN the medical authority below**

In the event of accident or illness I authorise any officer, servant or agent of the Association to obtain on my behalf at my expense such urgent medical assistance, treatment and nursing, hospital and ambulance service as may be considered appropriate by the officers, servants or agents of the Association and (should it be advised by duly qualified medical practitioner that it is necessary) to authorise a general anaesthetic. This clause also includes any dental treatment urgently required.

I further agree to pay on demand by the Association all such medical, hospital and other fees and expenses incurred or to be incurred by the Association in such circumstances other than such fees and expenses recoverable under the Policy of Insurance taken out by the Association.

I fully acknowledge the hazards and danger incidental to my child engaging in these activities and I hereby accept all risks and dangers attendant to these activities.

**SIGNED** ..... (Parent/Guardian) \_\_\_\_\_

**Please COMPLETE the passout form ONLY if your child needs to leave within A.G. operating hours.**

Passout Permission: (For departures ONLY between 11p.m. Friday and 1.30 p.m. Sunday)

I authorise for my child to leave Anything Goes at \_\_\_\_\_ (time) on Saturday/Sunday

for \_\_\_\_\_ (reason) . Method of departure \_\_\_\_\_ (collected, train, etc.)

Returning to site YES / NO If yes, time of return \_\_\_\_\_