



St Giles Wilderness Adventure Group

Membership Form 2003

PERSONAL DETAILS:

Surname: _____ Given Names: _____
Date of Birth: _____ Nationality: _____
Religion or Denomination: _____

CONTACT DETAILS:

Street: _____
Suburb: _____
Postcode: _____
Phone: _____ Boy's Email: _____

HOBBIES OR INTERESTS:

FORM OF INDEMNITY:

In consideration of St Giles Wilderness Adventure Group, accepting the above-named recruit as a member of the said Group I agree to and do hereby indemnify the said Group, its officers, members, servants and agents insofar as and to the extent to which the said Group, its officers, members servants, or agents are not entitled to be indemnified under any policy of insurance, from and against all actions, suits, damages, claims, and demands arising out of any accident or illness which may befall or occur to the said recruit during or as a result of his participation in any SWAG activity or function connected with the said Group or when traveling to or from such activity or function or arising out of the death of the said recruit during or as a result of his participation in any SWAG activity or function connected with the said Group or when traveling to or from such activity or function. I further authorise any officer, member or servant of the said Group in the event of such accident or illness to obtain medical assistance or treatment for the said recruit as he or she may consider necessary and for this purpose to engage any doctors, nursing assistance or hospital accommodation and in this event I agree to pay the said Group on demand all such doctors', nurses' and hospital fees and expenses (other than fees and expenses recoverable by the said Group under any policy of insurance).

Date _____ Signed _____
Name _____



St Giles Wilderness Adventure Group

Medical Form 2003

For: _____

PARENTAL DETAILS

Father:	Mother:
Name: _____	Name: _____
Surname: _____	Surname: _____
Address: <i>(if different to child's)</i> _____ _____	Address: <i>(if different to child's)</i> _____ _____
Phone: _____	Phone: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____

EMERGENCY DETAILS:

Medicare No:	_____
Family Doctor:	
Name:	_____
Street:	_____
Suburb:	_____
Postcode:	_____
Phone:	_____
Mobile:	_____
Emergency Contact: <i>(When parents are not contactable)</i>	
Name:	_____
Street:	_____
Suburb:	_____
Postcode:	_____
Phone:	_____
Mobile:	_____

Your child's swimming ability (none, weak, average, strong) _____

Does your child suffer from incapacity in the following areas:

- Hearing
- Sight
- Muscular or Skeletal problems

Details of incapacity: _____

Does your child suffer from:

- Asthma
- Epilepsy
- Diabetes
- Fits of any kind

Do you allow you child to be given Panadol by a SWAG leader if necessary?

Does your child have an up-to-date tetanus booster?

Date of last booster: _____

Does your child need a special diet? or suffer from periodic fainting spells?

Details of above: _____

Is your child allergic to any of the following?

- Any drug or medicine Details: _____
- Insect stings Details: _____
- Sunscreen.
- Any other substance. Details: _____

Is there any other information we should know about your child's medical history?
