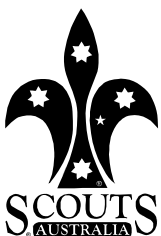


Super Splash 2017



Participant Application



www.venturers.sa.scouts.com.au/supersplash



Event Information

Where, When and Who?

SuperSplash is held from Friday 8th – Sunday 10th December 2017

Venue is the Roonka Water Activities Centre

Supersplash is open to Scouts, Guides & Venturers who must have reached their 14th Birthday, but not their 18th by Friday 8th December 2017. Scouts aged 13yrs and 10 months are eligible to attend under the "Try Venturing" scheme.

All Scouts must be camping with a hosting Venturer Unit and Leader.

Fees Cheques / Money Orders should be made payable to Scouts SA (Venturer Section)

Direct Deposits are also available:

Scouts SA (Venturer Section) BSB: **105-011** Account number: **103 104 340**.

Use **SS17-surname** as your reference (use Scout Membership Number if text not available).

Please send confirmation of payment to supersplash@sa.scouts.com.au

Fee Type	Fee
Venturers, Scouts, Guides	\$75
Early Bird Youth Price – forms and pay before 13th Nov	\$55
Adults (Line Leaders, Activity Leaders, Rovers)	\$40
Early Bird Adults - forms and pay before 13 th Nov	\$30

How to Apply

Complete and Sign your application

Have it signed by your Parents/Guardians and the Venturer Leader who will be responsible for you **during** the event

Post application to the following address

SuperSplash 2017
c/o Scouts Australia (SA Branch)
PO BOX 25
FULLARTON SA 5063

All payments and signed applications are to be received by Friday 24th November (Late applications not accepted)

Applications received (forms and payments) before Monday 13th November receive a \$20 discount early bird rate (\$10 discount for Adults)

Important Information

All Units are required to have a Leader to take care of them for the weekend - 1 Leader per 10 participants

If your Leader isn't available, ask another Unit to host you

Emergency Contacts for the Event

- Prior to the event – SuperSplash Admin Hotline – 0407 790 416 or Event Manager 0417 757 940
- Emergency only – During Event – 0417 757 940 or 08 8540 5104

The campsite will be open from 6.30pm Friday 8th December 2017, no entry will be granted prior to this time. Directions and further event information will be included in your Confirmation Letter sent via Email.

Upon arrival participants are to immediately proceed to the registration desk to check-in and collect their ID tag.

No tag, no food, or access to activities

Units will need to provide own sleeping gear and tents. Leaders are to monitor tent lines and noise levels.

○ **HOUSEBOATS ARE NOT PERMITTED**

The weekend is FULLY CATERED so please inform us of any special needs/diets (in detail)

Tent lines are for sleeping only, no couches, chairs or communal shelters. SuperSplash welcomes newcomers and linking Scouts to try Venturing

Super Splash will close at approximately 2.00pm on Sunday 10th December 2017

Important Activity Information

All participants will need to bring their own CUTLERY, PLATE, BOWL, MUG & TEA TOWEL

Bring appropriate clothing - it can be cool and windy at night

Remember to SLIP, SLOP, SLAP. Sunscreen will be provided but you must bring a HAT, and wear SHOES and a SHIRT at all times

Please bring Insect Repellent as mosquitoes can be bothersome.

Kayaking/canoeing/billabong activities: Old sand shoes / wetsuit shoes are required

Caving: Old cloths/shoes that will get muddy are needed, bring change of clothes, towel and torch to activity

Swimming: Old shirt to wear in water preferred

Participant Application Form – Super Splash 2017

Please complete **all sections** to enable information to be accurately entered into our database.

PERSONAL DETAILS

GIVEN NAMES:	SURNAME:		
PREFERRED NAME:	DATE OF BIRTH:		
ADDRESS:			POSTCODE:
APPLICANTS PHONE NUMBER:	APPLICANTS EMAIL:		
UNIT:	MEMBERSHIP NUMBER:		
UNIT CAMPING WITH:	NAME OF VL (CAMPING WITH):		

I am paying by Cheque/Money Order EFT – Deposit Date and reference used (\$S17<surname>) _____

SUPER SPLASH ROLE

VENTURER	GUIDE	ACTIVITY LEADER / SERVICE LEADER
SCOUT	LINE LEADER	Activity/Service team:
If over 18, do you have an appointment with Scouts Australia?		
If YES, Appointment held :		If NO, have you completed an Adult Helper Application?

CONTACT DETAILS FOR PARENT/GUARDIAN/EMERGENCY CONTACT

Is there any custody issues of which your child's Leader should know? _____ If Yes, please discuss with your Leader.

	PARENT 1 / CONTACT 1	PARENT 2 / CONTACT 2
NAME		
CONTACT PHONE		
EMAIL		

DIETARY REQUIREMENTS

Does the applicant have any special dietary requirements? (For health, religious or cultural reasons only)

Please provide details on a separate sheet. If confidential attach in a sealed envelope

Vegetarian	Vegan	Halal	Kosher
Lactose / Dairy Free	Gluten Free	Other:	

HEALTH AND WELFARE

Medicare Number:	Ambulance Fund:
Private Health Fund:	Health Fund Membership Number:

Does the applicant have any illness, condition or disability?

Does the applicant wear a Medic alert bracelet or medallion?

Please tick:

ADD / ADHD	Autism / Asperger's	Migraine	
Allergy – Drug	Bed Wetting	Asthma	
Allergy – Food	Diabetes	Epilepsy	
Allergy – Insect	Heart Condition	Physical Disability	
Intellectual Disability	Other:		

Please provide details on a separate sheet. If confidential attach in a sealed envelope

Will the applicant be requiring any medication during Super Splash?

Medication	Dose/Frequency	Illness/Condition

Tetanus Immunisation Date: _____

ACTIVITY PERMISSIONS

The format of Super Splash works by allowing for personal choice. You choose which activity you want to do without having to book in for it.

Some of the activities may not be presented due to weather and ground conditions.

Please note if no indication is given below your child will not be permitted to participate in the activity

Activity Permissions	Yes	No	Activity Permissions	Yes	No
Kayaking / Canoeing			Caving		
Archery			Power Boating (Passenger)		
Climbing Wall			Swimming		
Crate Stacking			Billabong Slide		
Slack Lining			Flying Fox		

AGREEMENTS AND AUTHORITIES

Medical

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.

Explanation of Scout Association Insurance

Scouts Australia (SA Branch) maintains insurance policies designed to cover 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.

Consent to Use of Image

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.

Event Policy and Rules

Super Splash will operate and function in accordance with the Policy and Rules of Scouts Australia (SA Branch) also in accordance with the General and Safety Standards and Procedures Policies. These Policies and Rules can be obtained by contacting Scouts Australia (SA Branch) Headquarters on 8130 6000. Consequences of any participants not adhering to these policies and rules are clearly set out in the Operation Order of Super Splash a copy of which can be obtained from the Super Splash Organiser.

APPLICANT'S STATEMENT

I wish to attend Super Splash 2017. I understand the Scout Promise and Law and agree to abide by the policy and rules of Scouts Australia (SA Branch). I understand that breach of the policy and rules will result in me returning home from the event at my own expense with no refund.

Signature of Applicant: _____ Date: _____

APPROVALS

I/we consent to the named applicant to attend Super Splash 2017, including participating in activities as marked above.

Signature of Parent / Guardian: _____ Date: _____

Venturer Leader (of unit you will be camping with) (name): _____

Venturer Leader (signature): _____ Unit: _____ Date: _____

Office use only: Rec.No.

Amount (\$)

Date: