



VICTORIA & QUEENSLAND'S SNOW VENTURE 2010 APPLICATION



Mr/Mrs/Ms/Miss First Name Surname

Address

Suburb State Postcode..... Date of Birth

Tel.No. Hm (.....) Wk (.....) Mobile

Email

Occupation/ Field of Study

Other Skills/Service/Contacts You have which may help the Chalet

.....

Medical/First Aid Training (inc. expiry date)

MEMBERSHIP DETAILS

Please provide all details, both Youth and Leader, past and present. Current registration details are required.

REGISTRATION DETAILS

Membership Status:

- Current Former Non-Member
 Youth Member Leader Fellowship Member

Membership No. (ask your Group Leader)

Group Code (ask your Group Leader)

- Section Venturer Squire Rover
 Ranger Guide Ranger Other

Crew/Unit

Group

District

Region

Branch.....

Other Relevant Memberships (Walking Clubs etc)

.....

EXPERIENCE

- Alpine Venturer Unit Member Year invested:.....
 Alpine Rover Crew Member Year invested:.....
 Bogong Rover Crew Member Year invested:.....
 Baw Baw Rover Crew Member Year invested:.....
 Vic. Branch Ski Touring Team
 Nobs Training Year.....
 Cross-Country skiing experience:.....
 Other skiing experience:.....
 Working Bee/s attended in 2009/2010
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SNOW VENTURE DATES (please tick)

Note: These weeks are Saturday - Saturday and will not to be broken up

<input type="checkbox"/>	Week 1 Vic/QLD Snow Venture	June 26 – July 3
<input type="checkbox"/>	Week 13 Vic/QLD Snow Venture	Sept 18 - Sept 25

SKI HIRE DETAILS

Please make the following measurements as accurate as possible. They will be used as a guide when booking skis, stocks and boots. If you have any questions about these measurements, then please ask.

- How tall are you? _____cm.
- To top of wrist _____cm.
(Arm outstretched above head)
- Shoe size: _____ U.S. / U.K.
(Circle applicable)
- Weight: _____kg

VENTURER SKILLS BADGE Achieved

All Venturers attending Snow Venture must have achieved their Venturer Skills Badge

To assist us with further promotions, could you indicate where you received this application form from?

Rover Office	Crew mail-out	
From another Rover	AGM	
Bogong Bulletin	Promotion Night	
Bookings Officer	Region Rep/Meeting	
Website/Internet	Chalet	
Other		

PAYMENT

Application		Tick	Before 1 st April	After 1st April
Snow Venture Only (Weeks 1 & 13)	*** Flat Rate ***	√	\$285	\$285
Ski Hire (Leather Boots, Skis & Stocks)			\$100	\$100
Transport From Melbourne (Eastern Suburbs)			\$60	\$60
Total Payment Enclosed				

Enclose cheque payable to "Bogong Chalet" for the total amount.

Return to: **Bogong Bookings Officer, PO Box 5253, Pinewood, Vic, 3149**

AWARD SCHEME

If you are planning to use this event towards your Queens Scout, Queens Guide or Duke of Edinburgh's, please specify your intentions here:

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MEDICAL QUESTIONS

Do you suffer from any of the following? If yes, please provide details including medication, seriousness, etc.

Condition	No	Yes	Detail	Condition	No	Yes	Detail
Physical/Mental disability	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Drug Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Food Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Insect Allergy	<input type="checkbox"/>	<input type="checkbox"/>				

Other:

Dietary requirements that should be known.....

Year of last Tetanus injection

Do you require prescription drugs? If yes, explain.....

Medicare No: Do you have Private Health Insurance? No Yes

Are you a member of the Ambulance Service? No Yes

EMERGENCY CONTACT DURING WINTER PARTY

Mr/Mrs/Ms/Miss First Name..... Surname

Address

Suburb State..... Postcode

Tel.No. Hm (....)..... Wk (....)..... Mobile

All Participants will need to provide a current health statement at the start of the winter party, this will be sent with your acceptance letter, or can be downloaded from www.bogongroverchalet.org.au

PRIVACY NOTICE

Upon joining Scouts Australia, Victorian Branch ("the Branch"), you agreed to us collecting personal and sensitive data for the purposes disclosed in our Privacy Policy. In the case of a youth member, you acknowledged a similar understanding and agreement in your capacity as the Parent or Guardian of that member. The Branch will not use your personal and sensitive information for any reason that you would not reasonably expect it to be used. You have certain legislated rights of access to the personal and sensitive information being held in respect of you or your child and you may exercise those rights of access by contacting the Branch Privacy Officer on (03) 8543.9800. You can also contact us by email at: privacy.officer@vicscouts.asn.au The Branch Privacy Policy may be viewed on our website at www.vicscouts.org.au

I acknowledge that I have read this Privacy Notice and I hereby reaffirm my understanding of the Branch Privacy Policy and my continuing agreement to the collection of personal and sensitive data for the purposes disclosed in that Policy.

INSURANCE NOTE

The chalet only provides minimal personal property insurance. Participants to winter parties should ensure that they have the appropriate level of insurance for their personal property through their House and Contents Insurance, or Travel Insurance

WINTER PARTY WITHDRAWAL POLICY

Refunds may be applied for in writing addressed to the BCMG

Please contact the bookings officer as soon as you discover you may not be able to go to your winter party to discuss the issue.

There may be a waiting list so substitution is not permitted

Withdrawals received more than 1 month prior to winter party will receive a 90% refund.

Withdrawals received less than 1 month prior to winter party will incur a \$100 penalty.

The BCMG reserves the right to determine refunds on a case by case basis.

In the event of failure to attend the commencement of your winter party or withdrawal during your winter party because of evacuation due to illness or injury, there will be no refund available.

Signature of Participant:Date:.....

Parent/Guardian (if under 18 y/old):.....Date:.....

Notes:.

1. In the case of a child, it is a Parent's responsibility to ensure that the Association is promptly notified in writing of any potential long-term affects of an injury or illness resulting from a scouting activity in which the child participated.

2. In the case of an Adult, it is his or her responsibility to ensure that the Association is promptly notified in writing of any potential long-term affects of an injury or illness resulting from a scouting activity in which he or she participated.

LEADERS CONSENT

This Venturer is a fit and proper person to attend Snow Venture, has achieved the Venturing Skills Award, and has experience hiking overnight, carrying a back pack.

Venturer Scout Leader:Date:.....