



Easter Venture 2008

21st – 24th March 2008 | Kuitpo

Easter Venture 2008
PO Box 357, BROOKLYN PARK, SA, 5032
www.easterventure.sa.scouts.com.au
EV Pre Event Hotline: 8337 5200

Participant Application

Event Information

- Easter Venture is a four day Branch run activity-filled competitive hike for older Scouts, Venturers, Guides, Active 8 and Dukes Award. E.V. is a team event.
- You will hike in **teams of four to six**.
- **The minimum of 4 participants per team will be strictly applied for safety reasons.** Individuals, twos and threes from different Units will be formed into groups of 4 for Easter Venture.
- There are three perpetual trophies - Hike Trophy, Camp Award and Overall Trophy.
- There is also a Theme Award kept by the team that puts the most effort into the theme of Easter Venture '*Time Trippin'*'. Dress in your theme outfit and win.
- Your team may choose to hike with packs [all your gear] or use day packs.
- **Total gear weight limit is 20kg.**

1/4 of your body weight for slight build people to 1/3 of your body weight for heavier build Venturers [Day Packers this means that the total gear that you bring to E.V. must weigh less than 20kg.]

There will be 2 categories for the hike trophy. Traditional Full Pack and Day Pack.

- 'Day Pack Hikers' all your gear must be packed in rucksacks to allow ease of transport.
- **All teams and participants** must carry enough gear to be self sufficient for **each day**.
- Wet weather jacket – 1st.Aid kit – water – food {munchies...} groundsheet - jumper/jacket – hat.
- You will **not be allowed to start** E.V. 2008 without a rain jacket!
- You will need to bring all your food, with the exception of **Sunday Tea**, which is supplied.
- Each team will need 2 X 1 litre billies to collect hot water for meals.
- Each participant must **carry drinking water whilst hiking [minimum 2 litres]**.
- Each team must have enough tentage [No Hoochies or Bivvy Bags.] and sleeping bags for **each member of the team** as well as a first aid kit with 75mm crepe bandage 75mm conforming bandage roll of micropore tape, blister treatment + personal medication [bandaids, triangular bandage...].
- Teams will need **compasses** and a pencil with a small notebook. **Maps** will be provided. [Bring a map cover].
All members of the team need to be able to use a map and compass to navigate.
- Wear worn in footwear **never** new shoes/boots for E.V.
- All hikers in a team must stay together. Each person will need a **whistle** on a cord.
- **Drinking water** is provided at lunch and evening campsites only.
- **No fires or stoves** for cooking are allowed but hot water for meals will be supplied.

- **Emergency contact at E.V. 0407 390 465.**
- **E.V.2008 starts** at 7-30am at the Fullarton Scout Hall - Culross Avenue Fullarton - on Good Friday.
- **E.V.2008 concludes** at the Fullarton Scout Hall at 1pm on Easter Monday.

Fee Structure

The Fee for Easter Venture is outlined below. This cost includes:

Fee Type	Fee
Participant	\$60

[Includes transport, camp fees and a Sunday evening meal]

Time Line

- Applications close Friday 29th February 2008.

Eligibility

- All Participants need to be competent in Outdoor Skills required by the Venturing Skills Award or its equivalent
- **Age limit:** All youth members participating in E.V. must be 14 or above on Friday March 21st 2008 and under 18.

How To Apply

- All Participants to send an Individual Participant Application to
 - PO Box 357
BROOKLYN PARK SA 5032
- Cheques made payable to 'Venturer Section – Easter Venture'.
- **Each team must submit a Team Application form**

Refund Policy

- All applications must be in and full payment made prior to the closing date. No refunds will be given after this date, unless by application to the Event Organiser.
- All notifications of cancellation and requests for refund must be in writing.
- Any refund given may only be a part refund to cover costs incurred.

'Time Trippin'

EASTER VENTURE INFO NIGHT
FRIDAY 29th February 7:30pm - 9pm

LOCATION –Scout H.Q. 211 Glen Osmond Road

Check out the opposition – view the trophies that you will win – catch up with friends.

Be enthused by the 'theme team.

Ask questions - Have some fun! Talk with the 'Hike Team'

Take part in training/information sessions to help you really enjoy E.V.2008

E.V. Info Night is **especially** for First Time EV Venturers and Leaders.

Participant Application Form

Please complete all sections to enable information to be accurately entered into the system

PERSONAL DETAILS

		SCOUT MEMBERSHIP # (IF APPLICABLE)	
SURNAME		GIVEN NAMES	
PREFERRED / SCOUT NAME	GENDER M / F	DATE OF BIRTH	
ADDRESS		POSTCODE	
CONTACT PHONE NUMBER		EMAIL	
SCOUT GROUP		LEADER	

ROLE

Please tick your preferred role at the event

<input type="checkbox"/>	VENTURER	<input type="checkbox"/>	GUIDE
<input type="checkbox"/>	SCOUT	<input type="checkbox"/>	LEADER

If over 18, do you have an appointment with Scouts Australia? YES / NO

If YES, Appointment held: _____

If NO, have you completed an A2 Adult Helper Application and had a police check? YES / NO

CONTACT DETAILS FOR PARENT/GUARDIAN / EMERGENCY CONTACT

Are there any custody issues of which your child's Leader should know? YES / NO
Please discuss these with your Leader.

EMERGENCY CONTACT

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

DIETARY REQUIREMENTS

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

<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Halal
<input type="checkbox"/>	Kosher	<input type="checkbox"/>	Lactose / Dairy Free	<input type="checkbox"/>	Gluten Free
<input type="checkbox"/>	Diabetic	<input type="checkbox"/> Other (please specify):			

HEALTH AND WELFARE

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

Does the applicant have any illness, condition or disability? YES / NO

Does the applicant wear a Medic alert bracelet or medallion? YES / NO

Please tick:

<input type="checkbox"/>	ADD / ADHD	<input type="checkbox"/>	Austism / Asperger's	<input type="checkbox"/>	Migraine
<input type="checkbox"/>	Allergy – Drug	<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Allergy – Food	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Allergy – Insect	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>	Other	<input type="checkbox"/>	

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

Will the applicant be requiring any medication during the Event?

YES / NO

Medication	Dose/Frequency	Illness/Condition

Tetanus Immunisation Date: _____

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 Adult/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.

Privacy Policy

Scouts Australia (SA Branch) has always respected the privacy of its members and customers and understands the importance you place on the protection of person information in its care. Scouts Australia (SA Branch) has a Privacy Policy which conforms with current Commonwealth legislation and copies of this are available from us on request, or from our website. From time to time we may contact you to offer you products or services.

APPLICANT'S STATEMENT

I wish to attend Easter Venture. I understand the Promise and Law and agree to follow the rules of the Event.

Signature of Applicant: _____ Date/...../2008

APPROVALS

Parent / Guardian A: _____ Date/...../2008

Parent / Guardian B: _____ Date/...../2008

I certify that this Venturer is of Venturing Skills Award standard or equivalent

Venturer Leader:: _____ Date/...../2008