

**APPLICATION TO ATTEND ABSEILING / ROCKCLIMBING ACTIVITY  
MORETON REGION ROCK RATS**

(cross out whatever is not applicable)

I wish to attend an Abseiling Activity to be held at: .....  
ON ..... From .....

**PLEASE PRINT CLEARLY**

Surname: ..... Given Names: .....  
Male / Female ~ Preferred Name: ..... Registration Number: .....  
Address: .....  
Phone: ..... Mobile: .....  
Date of Birth: ...../...../.....  
Group: ..... District: .....  
Medicare Number: ..... Ambulance Subscriber: YES / NO

(cross out whatever is not applicable)

I am a CUB / SCOUT / VENTURER / ROVER / LEADER / ADULT SUPPORTER /  
PARENT / NON-SCOUTING PERSON  
I am a NOVICE / LEVEL 1 ABSEILER / LEVEL 2 ABSEILER

Signature Abseiling/Rockclimbing Applicant: ..... Date: ...../...../.....

**PARENT / GUARDIAN CONSENT FORM (to be completed if Applicant Under 18 years of age)**

I approve of my child ..... attending the Abseiling / Rockclimbing activity.  
Should the necessity arise during the activity, I may be contacted at: .....

Phone: ..... Mobile: .....  
Confidential Information concerning my child’s health, allergies and medication, including dietary  
requirement (attach separate sheet if more room is required) .....

I understand that this Abseiling / Rockclimbing Activity will be conducted under the Rules and  
Regulations of Scouts Australia – Qld Branch.

Signature of Parent / Guardian: ..... Date: ...../...../.....

This Application Form together with correct activity fee must be returned to the Section Leader who will  
forward it to:

**Moreton Region Rock Rats, Tom Wood, c/- Moreton Region Scout Office  
P.O. Box 622 Booval MDC Qld 4305**

**PLEASE PHONE TOM WOOD TO BOOK, PRIOR TO THE ACTIVITY**

**Rock Fee for this Activity will be: \$25.00**

***Section Leader Use***

Noted: ..... (Section Leader’s Signature) Date: ...../...../.....

Please print Leader’s Name: ..... Rank: .....

**LEADERS ARE RESPONSIBLE FOR C5 ACTIVITY ADVICE and APPROVAL plus C4 NOTIFICATION OF  
CAMP/OUTDOOR ACTIVITY FORMS**

***Office Use Only***

Date Application Received: ..... Fees Received: .....

Receipt Number: ..... Date: ..... Account Issued: ..... Date: .....