

# Activity Gear List

Form 802  
NOV 2000

<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Name	Tick the "Need" column for items needed for this activity. Tick the packed column when it is put in the pack
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Need	Packed	Need	Packed
Pack or kit bag Ground sheet Tent, poles and pegs  Sleeping bag or bed roll Air bed or camp stretcher Torch and batteries  Gas light / gas cooker Billies and pans Hand axe  Matches or lighter Waterproof parka or raincoat Boots / gumboots / sneakers Full uniform  Swim suit Spare shirts Spare underwear Spare shorts or trousers Spare socks		Personal first aid kit Medication if any Camera  Towel and face cloth Tea towel Toilet bag - toothbrush - toothpaste - soap - comb  Warm jersey Handkerchiefs Sun hat  Knife, Fork, Spoon Cup, Plate, Bowl Scroggin - energy food  Breakfast / lunch / dinner  <i>Additional items for the activity should be listed on a separate sheet</i>	

To the Leader in Charge of the	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
( The Leader should print her/his name above )	

The Scout Association of New Zealand  
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 Wellington 6034  
 New Zealand

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Another Project in the Way Ahead.

# Parents / Caregivers Consent

Form 802  
April 1998

Name of the Scout Group

Section involved

Dear Parent or Caregiver, we need your approval for young people to attend this activity. If you approve, please sign and return the lower half of this form.

## Activity

Description

Planned  
No#  
attending

Location of the activity .....

Departure time ..... and date ...../...../..... Return time ..... and date ...../...../.....

Leaving from and returning to: ..... Cost of the activity: \$

Transport will be by: Walking / Cycling / Bus / Car / Rail / Ferry / Canoe or boat / Aircraft / Other

Parents are welcome to visit on ...../...../..... between the hours of ..... and .....

I ..... accept responsibility for and will be leading this activity .....

Print name

Activity Leaders Signature

Activity Leaders age if under 18yrs

My address is .....

Home phone ..... Work phone ..... Cell phone .....

The correct person during the activity will be: ..... Phone: .....

To the Leader in Charge of the  activity.

I give approval for ..... to attend the activity from the ...../...../.....  
(Name of young person)

to ...../...../..... under the leadership of ..... I agree that  
(Name of Leader)

responsibility for safety is a three way partnership between the participants, parents or caregivers, and those in charge. The young person named will be amenable to the instructions given by the Activity Leader(s).

During the activity I can be contacted by phone ..... or phone: ..... if needed.

Please be aware that: Medication must be continued during the activity .....  Yes  No

Special assistance may be required because of a disability .....  Yes  No

There are special food or other requirements .....  Yes  No

Please list special requirements (if any),

Our family Doctor is: ..... Phone: .....

Parent's or Caregiver's Signature

Date: / /

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