

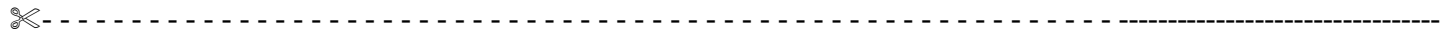
ADULT INFORMATION FORM FOR ACTIVITIES

Please click the cursor inside the box and type or print clearly with a black pen.

An adult is responsible for their own health but to assist in the smooth running of the activity, Girl Guides Australia requires this form to be completed.

ACTIVITY DETAILS—to be retained by Emergency contact

| | |
|----------------------|--------------------------------------|
| Activity: | Date of Activity: / / 20 |
| Address of Activity: | Contact details of Leader-in-charge: |



PERSONAL DETAILS

| | | |
|------------------------------|--------------|----------------------------|
| Preferred Title: | Given Names: | Surname: |
| Address: | | Date of Birth: / / |
| State: | Postcode: | Email: |
| Phone (BH): () | | Mobile: |
| Phone (AH): () | | Fax: () |
| Membership No: | | Expiry: / / 20 |
| Current Position in Guiding: | | |

EMERGENCY CONTACT 1

| | | |
|---------------------------|------------------------------|---------|
| Name: | Relationship to Participant: | |
| Address: | | |
| Emergency Contact Numbers | Phone: () | Mobile: |

EMERGENCY CONTACT 2

| | | |
|---------------------------|------------------------------|---------|
| Name: | Relationship to Participant: | |
| Address: | | |
| Emergency Contact Numbers | Phone: () | Mobile: |

Is there any information about dietary, special needs, religious requirements that you would like to provide to the Leader-in-charge of the activity?

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Signed: Date: / / 20