

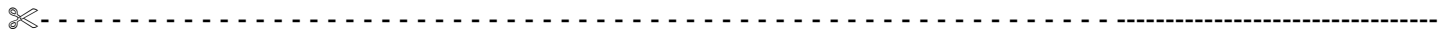
## ADULT INFORMATION FORM FOR ACTIVITIES

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: | Phone: (   )                 | Mobile: (   ) |

**EMERGENCY CONTACT 2**

|                    |                              |               |
|--------------------|------------------------------|---------------|
| Name:              | Relationship to Participant: |               |
| Address:           |                              |               |
| Emergency Contact: | 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? .....

.....

.....

.....

Signed: ..... Date: ...../...../ 20 .....