SWAG

2026

St Giles Wilderness Adventure Group

Membership Form

Please provide as much detail as possible.
All information provided is kept confidential
and only used in the best interest of your child.

Boy's Name

First Name Surname

Address:

Suburb: **Postcode:**

Email:

Date of Birth: **School Grade in 2026:**

School:

Religion or Denomination: **Church:**

Form of Indemnity

In consideration of St Giles Wilderness Adventure Group, accepting the above-named recruit as a member of the said Group I agree to and do hereby indemnify the said Group, its officers, members, servants and agents insofar as and to the extent to which the said Group, its officers, members servants, or agents are not entitled to be indemnified under any policy of insurance, from and against all actions, suits, damages, claims, and demands arising out of any accident or illness which may befall or occur to the said recruit during or as a result of his participation in any SWAG activity or function connected with the said Group or when traveling to or from such activity or function or arising out of the death of the said recruit during or as a result of his participation in any SWAG activity or function connected with the said Group or when traveling to or from such activity or function. I further authorise any officer, member or servant of the said Group in the event of such accident or illness to obtain medical assistance or treatment for the said recruit as he or she may consider necessary and for this purpose to engage any doctors, nursing assistance or hospital accommodation and in this event I agree to pay the said Group on demand all such doctors', nurses' and hospital fees and expenses (other than fees and expenses recoverable by the said Group under any policy of insurance).

I am aware that NSW state law requires my permission for personal images and information to be published by any person or organisation other than myself. I understand that SWAG uses moving and still images of activities and publishes these on the web and on paper as a part of their regular activities. I have no objection to SWAG using such images on the understanding that no personal information is attached. I also understand that my son's first name and initials may be used in publications and on the web pages and that the use of such is for the purposes of encouraging the boys in their enjoyment of SWAG and the dispersal of information to parents and related SWAG participants.

Signed: **Date:**

Name: **Relationship:**

SWAG

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Membership Form - Contact and Health

Boy's Name

First Name Surname

	Father	Mother
Name:		
Phone:		
Mobile:		
eMail:		
Primary contact: ☑	❑	❑

Emergency Contact:

(Who can we call if parents are not contactable?)

Name: **Phone:**

Relationship: **Mobile:**

Medical & Health:

Medicare No: **No. on card:**

Any physical condition SWAG should be aware of:
eg. Hearing, sight, muscular...

Details:

Any medical condition SWAG should be aware of:
eg. Asthma, epilepsy, diabetes...

Details:

Any other information SWAG should be aware of when caring for your child:
eg. Allergies, Asperger's, autism ...

Details:

Date of last tetanus booster:
(if over 5years leave blank)

Do you allow your child to be given basic medication (Panadol, Nurofen) if considered necessary.

❑ **Yes** ❑ No