



**CONSENT TO ATTEND AN OVERNIGHT ACTIVITY OR EVENT**

PLEASE PRINT ALL DETAILS

Activity / Event

Scout Group  Section:

**ACTIVITY / EVENT DETAILS**

From (Date)  To (Date)

Location

Contact No of Venue  Leader Responsible

Adventurous Activities being conducted

Participants are required to meet at  (Place) at (Time)

and are to be picked up from  (Place) at (Time)

Cost of Activity:  Please Return this Form NO LATER THAN

**ACCEPTANCE BY LEADER (Leader to complete on return of form)**

Payment Included:  Signed

RETURN TO SECTION LEADER COMPLETE  
Leader.

*Top section to be returned to Applicant – Bottom section to be retained by*



Activity:  Amount Paid:

**APPLICANTS PERSONAL DETAILS**

Name  Membership No:

Home Address

Date of Birth  Applicants Level of Swimm<sup>ing</sup>

**EMERGENCY CONTACT during Activity / Event**

Name  Relationship to Applicant

Address

Contact Numbers Home  Work  Mobile

**ACCEPTANCE**

I give permission for the applicant to attend the Overnight Activity (details as above) and for the Leader in charge to seek medical attention for the applicant should the need arise. I further agree that I have completed the health statement (overleaf) and attached any further information that could affect the welfare of the applicant.

**Applicant to sign if over 18 years – Parent/Guardian to sign if applicant under 18 years**

Print Name:  Signed:  Date:

Information Overleaf MUST be Complete



**HOW TO GET THERE**

Map can be included here for easy reference if Parent Transport is being used.

**HEALTH STATEMENT**

**MEDICATION:**

Please provide details of medication the applicant will be taking during the Activity

Type:  Dosage:

Frequency of Dose:

**DIETARY REQUIREMENTS:**

Please provide details of any dietary requirements

**ALLERGIES / AILEMENTS / DISABILITIES:**

Please provide details of any allergies, ailments or disabilities:

**IMMUNISATION**

Has Applicant been immunised against Tetanus in the past 5 years?      Date of Immunisation

If Not: Can the applicant be given a Tetanus injection should the need arise?

Medicare No:

Ambulance Fund No:

Health Fund:

Health Fund No:



# Officials' Trainee Licence

The completion of sections 1, 3, 4 and 5 will result in the applicant being granted an Officials' **Trainee** licence. Please note that if the applicant only requires a **Trainee** licence (i.e. they do not want to update to a General Official licence), this form **does not** need to be submitted to CAMS Member Services.

Once the conditions in Section 2 can be satisfied, this completed form can be submitted to CAMS Member Services for an update to a **General Official** licence.

Please read the supplementary notes prior to completing this application.

Received Stamp Here  
(office use only)

## Section 1 – Personal Details

Surname:

Given names:

Address:

Town/Suburb:  Post Code:

Telephone: Work: ( )  Home: ( )  Mobile:

Fax: ( )

Email:

Date of birth:  /  / 19

Gender:  Female  Male

Emergency contact (1): Name:  Phone:

Emergency contact (2): Name:  Phone:

Now... Go to section 2

## Section 2 – Upgrade

### Step 2.1 – Upgrading your licence

Do you want to upgrade your Trainee licence to a General Official licence?

YES – Go to step 2.1.1

NO – Go to section 3



#### Step 2.1.1 Completing the Introductory Module

Date:  /  / 19

Presenter Name:

or Online completion date:

/  / 19

Presenters Signature:

(For details contact Member Services 1300 657 673)

Now... Go to step 2.1.2

#### Step 2.1.2 Recording Your Event Experience

Please list details of the following CAMS sanctioned event at which you have officiated in the past four years:

Date	Event Type	Event Title	Event Status	Position Type	Position Status	Initials of Supervising Official
18/11/06	Circuit Race	CAMS State Championship	State	Flag	Trainee	(Example Only)

**PLEASE DO NOT SUBMIT THIS FORM UNTIL YOU HAVE COMPLETED ALL THREE DAYS OF ACTIVITY**

Now... Go to section 3

## Office Use Only

Issued by:

CAMS Member Number:

Date:

## Section 3 – Declaration

### Disclaimer Statement to be read and completed by applicant

#### EXCLUSION OF LIABILITY, RELEASE AND ASSUMPTION OF RISK

I agree to be bound by the rules and regulations of the event and the provisions of the National Competition Rules of the Confederation of Australian Motor Sport Limited (“CAMS”) and the International Sporting Code of the Federation Internationale de l’Automobile.

In exchange for being able to attend or participate in the event, I agree:

- to release CAMS and the Australian Motor Sports Commission Ltd, the promoters, sponsor organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the “Associated Entities”) from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) (“harm”) howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law;
- that CAMS and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and
- to attend or participate in the event at my own risk.

I acknowledge that:

- the risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
  - motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
  - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and
  - the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I agree to participate in and fully complete, to the satisfaction of CAMS, all training programs conducted by CAMS and associated with my involvement with the event. I am willing to submit myself to the controls and restrictions applied to all officials at the event. I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by CAMS and the Associated Entities.

I certify that any statements made to CAMS regarding my psychological and physical conditions and any previous illness are true and accurate. I acknowledge that I will not exercise the privileges of this licence if I am aware of any medical or other reason that renders me unfit to do so. I undertake not to use any drugs or medication that might be considered illegal, or within a period of 24 hours prior to using my officials licence, use any drugs or medication that might have any effect upon my performance, concentration or officiating ability. I agree to undertake any drug analysis tests, including any for alcohol that may be considered necessary by CAMS. I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to CAMS’ medical assessor in order to determine fitness.

I understand that this disclaimer is not intended to exclude any valid claim by an official under the CAMS Personal Accident Insurance Scheme.

**For Female Applicants:** I acknowledge that participating as an official in motor sport events or activities whilst pregnant may expose myself and my unborn child to risks of serious injury by virtue of the fact that motor sport is an inherently dangerous activity. If I am pregnant, I agree to obtain medical advice as to whether or not it is suitable for me to exercise the privileges of this licence whilst pregnant, and, if requested, to provide evidence that I have received such advice, prior to my acting as an official. I agree to indemnify CAMS and the Associated Entities and will at all times keep CAMS and the Associated Entities indemnified from and against any actions, suits, causes of action, proceedings, claims, and damages (whether in respect of damage to property, personal injury or otherwise, and including all legal costs and other expenses suffered or incurred by me or my unborn child) which may be taken or made against CAMS and the Associated Entities by any third party (including my unborn child) in connection with, or in any matter arising out of any loss, accident, damage and loss or injury to me or my unborn child as a result of my exercise of the privileges of this licence.

### Any applicant making a false declaration is liable to refusal and cancellation of licence and/or insurance cover

Applicant’s  
signature:

**SIGN HERE**

Date:

/ /

Now... Go to section 4

## Section 4 – Consent Statement for Applicants Under 18 Years

Are you under 18 years of age?

Yes – Parent/ legal  
guardian to sign  
below

No – You do not  
need to sign  
below

Consent Statement for applicants under 18 Years:

I (print full name)

of (print address)

am the parent / guardian of the above named (“the minor”) who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending / participating in the event at his / her own risk.

Parent/ Legal  
Guardian  
signature:

**SIGN HERE (if applicable)**

Date:

/ /

**IMPORTANT NOTE:** if applicant is under the age of 18, please read CAMS Junior Officials policy which is available on the CAMS website or from your CAMS State Office.

Now... Go to section 5

## Section 5 – Privacy Statement

CAMS requires this information to assess your application and if accepted, to provide you with membership services. Your personal information will only be used in accordance with the objects of CAMS and CAMS general business. You will be able to access your personal information through CAMS upon reasonable notice. If the requested information is not provided you will not be able to receive membership services.

I consent to my personal information being used by CAMS’ sponsors or other third parties for the purposes of providing me with promotional material from CAMS’ sponsors or other third parties. Please tick the following box if you **do not** wish to receive any promotional material from CAMS’ sponsors or other third parties.

Please return to: MEMBER SERVICES, PO BOX 427, CAULFIELD EAST 3145



# ROVER SCOUT MOTORSPORT (WA)



## CLUB MEMBERSHIP / RENEWAL FORM

Surname:						
Given Names						
Address:				Postcode:		
Home Phone:			Mobile:			
Email Address:				Date of Birth:		
Rover Crew:						
Emergency Contact Person:			Emergency Contact Number:			
RSM Membership Number:			Scout Membership Number:			
Membership Type:	<input type="checkbox"/> Full		<input type="checkbox"/> Associate			

Full membership allows RSM members to drive in RSM and other CAMS affiliated events. The cost of a full membership is \$10/year.

Associate membership allows RSM members entry into the pit area at RSM events and has no cost to members of the Scout Association.

I \_\_\_\_\_ would like to apply for membership to the Rover Scout Motorsport (RSM) Club - WA. I agree to be bound by their rules, regulations and constitution. I acknowledge that motor sport is dangerous and accept responsibility for my own actions whilst involved in such activity. I hereby waive my right to take any legal action against RSM, its organisers or members due to any accident, injury or property damage incurred to myself or any other individual whilst involved in club activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Under 18's Only</b></p> <p>I _____ hereby give permission for my son / daughter _____ to join Rover Scout Motorsport (WA).</p> <p>Parent / Guardian Signature _____ Date _____</p>
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RSM Office Use	Date Received	Money Received