

**SOUTH AFRICAN SCOUT ASSOCIATION**

**APPLICATION FOR APPROVAL FOR  
AN OUTDOOR ACTIVITY**

GROUP \_\_\_\_\_ SECTION 

BOY	GIRL	MIXED
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ACTIVITY LEADER NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RANK / POSITION \_\_\_\_\_ TEL NO \_\_\_\_\_

PAST EXPERIENCE / QUALIFICATION \_\_\_\_\_

FAMILIARITY WITH ACTIVITY / ROUTE \_\_\_\_\_

*Where the Scout leaders are not fully qualified to lead the activity, an outside expert must accompany the group*

**EXPERT** NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RANK / POSITION \_\_\_\_\_ TEL NO \_\_\_\_\_

PAST EXPERIENCE / QUALIFICATION \_\_\_\_\_

FAMILIARITY WITH ACTIVITY / ROUTE \_\_\_\_\_

**NUMBER AND AGES OF ALL PARTICIPANTS**

AGE	10	11	12	13	14	15	16	17	Total scouts	Warranted Scouters	Other adults
NUMBER											

**DESCRIPTION OF ACTIVITY**

STARTING POINT \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

FINISHING POINT \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

DETAILS OF ACTIVITY / ROUTE: *(ATTACH COPY OF MAP, PROGRAMMES AND NOTICES WHERE APPLICABLE)*

TRANSPORT ARRANGEMENTS AND DRIVERS *(HIGHLIGHT WHERE OPEN VEHICLES ARE BEING USED)*

DETAILS OF PERMISSION FROM LANDOWNERS

LOCATION OF OVERNIGHT CAMPSITES *(BY DATE)*

**SAFETY AND PRECAUTIONS**

PLAN B *(GIVE DETAILS OF OPTIONS)* \_\_\_\_\_

EMERGENCY FIRST AID KIT IS THE RESPONSIBILITY OF \_\_\_\_\_

DETAILS OF RESPONSIBLE ADULT, AWARE OF EXACT DETAILS, EMERGENCY PROCEDURES, AND NOT PARTICIPATING IN THE ACTIVITY:

NAME \_\_\_\_\_ TEL NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CAMPING** All Scout camping must comply with Camping Standards and Rules 907-915 of PO&R  
Please attached a copy of the camp programme.

HAS CAMPSITE BEEN INSPECTED AND FOUND TO BE SUITABLE? \_\_\_\_\_  
NAME AND ADDRESS OF NEAREST DOCTOR / HOSPITAL \_\_\_\_\_

MEANS OF REACHING DOCTOR / HOSPITAL \_\_\_\_\_

**SWIMMING** All Swimming activities must comply with Rule 904 in PO&R

WHERE? \_\_\_\_\_ RESPONSIBLE ADULT \_\_\_\_\_  
WILL A PICKET OF TWO GOOD SWIMMERS BE ON DUTY? \_\_\_\_\_  
WILL THE BUDDY SYSTEM BE USED? \_\_\_\_\_

**BOATING** All Boating activities must comply with Rules 514, 902 and 903 in PO&R

ARE ALL PARTICIPANTS COMPETENT SWIMMERS? (Rule 902.1.1) \_\_\_\_\_  
IS THERE A PERSONAL BUOYANCY AID FOR EACH PARTICIPANT? (Rule 902.1.3) \_\_\_\_\_  
DETAILS OF CHARGE CERTIFICATE HOLDERS, TYPE AND NUMBER (Rules 902.3 & 903) \_\_\_\_\_

DETAILS OF BOATS AND VALID BOAT CERTIFICATE NUMBERS (Rules 514 & 902.2) \_\_\_\_\_

**AIR ACTIVITIES**

DETAILS OF CHARGE CERTIFICATE HOLDERS, TYPE AND NUMBER \_\_\_\_\_

**APPLICATION BY LEADER**

*In accordance with Rule 910 of PO&R, I request your approval to hold the above activity. I shall ensure that every precaution will be taken to ensure every participant, and against the danger of fire. I undertake that vegetation will not be harmed, and all rubbish will be carried home. I understand that we may not cross or camp on any land without permission or a permit, and that a high standard of behaviour is required. I have read and agree to abide by the Area Hiking Regulations and the Outdoor Code. I have given particulars of the activity to the parents, and shall take only those boys whose father / mother / legal guardian has signed the correct consent form.*

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**TROOP SCOUTER ENDORSEMENT** (Where the TS is not the leader of the activity)

*I have reviewed the arrangements for this activity, and judge it to be within the capability of every participant. I approve of the activity, and judge the leader to be suitably experienced to lead the whole activity safely, under all likely conditions. I accept my responsibility to ensure that each participant is suitably equipped at the start of the activity, and agree to review the conditions prevailing before allowing the activity to proceed. I agree to take whatever action may be required if adverse conditions present a threat to the safety of any participant, even to the extent of cancelling the activity if necessary.*

**Where Area HQ approves the activity, the DC must be advised telephonically.**

*I have advised the DC of the details of this activity on (date) \_\_\_\_\_*

RANK \_\_\_\_\_  
DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**ENDORSEMENT BY REVIEWER**

*I approve of the activity unconditionally / subject to the following conditions:*

RANK \_\_\_\_\_  
DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**AREA MANAGER** (where applicable) DATE PERMIT ISSUED \_\_\_\_\_