



# NEW SOUTH WALES BOYS' GROUP TRAINING DEPARTMENT



Please address all correspondence to:

Group Training Commissioner  
P.O. Box 194, Beverly Hills  
New South Wales 2209

[www.airleague.com.au](http://www.airleague.com.au)  
[training.nswbg@airleague.com.au](mailto:training.nswbg@airleague.com.au)  
Phone (02) 9457 9228  
Mobile Number 0404 355 114

PATRON:  
His Excellency General  
The Honourable David Hurley AC DSC (Ret'd)  
Governor of New South Wales  
Registered under the

N. S. W Charitable Fundraising Act  
No. CFN 13408  
ABN 56 805 308 832

To All:           Group Commissioners  
                      Group Staff Officers  
                      Officers Commanding Wings  
                      Officers Commanding Squadrons

Enclosed are application forms for this year's NSW Boys' Group Annual Recreation Camp, to be conducted over the weekend 3<sup>rd</sup> to 5<sup>th</sup> March 2017 at Castle Mountain Camp, Webb's Creek Road, Wisemans Ferry. Entries to this camp please take Webb's Creek Ferry.

It is the responsibility of Officer's Commanding Wings and Squadrons to ensure that their Officers and NCO's are given the opportunity to attend this recreation camp.

**All camp application forms [17A] and payments must be received by the 24<sup>th</sup> February 2017 to:**

Jeff Remington – 5 Nyara Road Mount Kuring-Gai 2080

Your assistance and cooperation in providing correctly completed applications by the due date, will ensure the overall efficiency of this camp. Please do not hesitate to contact me if you have any questions or need clarification of matters pertaining to this weekend.

**Please ensure that your squadron is represented, this is a great weekend with lots of fun and we would like to see your members attend.**

Group Commissioner  
Jeffrey W. Remington DSA MSA  
Camp Adjutant  
Thursday, 19 January 2017



## NEW SOUTH WALES BOYS' GROUP TRAINING DEPARTMENT



### Annual Group Recreation Camp

Members of the New South Wales Boys' Group are invited to attend the Group Recreation Camp at Castle Mountain Webb's Creek, Wisemans Ferry from Friday 3<sup>rd</sup> March to Sunday afternoon 5<sup>th</sup> March 2017, camp program will be concluding at 3.00pm.

Members are required to enter camp on Friday evening no later than 8pm and report to the Camp Adjutant in the Recreation / Dining Hall, for hut and team allocations.

**Please note: All campers must have dinner prior to arriving at the camp; Friday dinner is NOT included in cost. Entry to the camp is via the Webb's Creek Ferry.**

Application Form is enclosed and must be returned to your Squadron OC. by Friday 24<sup>th</sup> February 2017. Organising transport to and from the camp is the responsibility of your Squadron OC and Parents. Cost for the weekend is \$120.00 per person, accommodation and all meals inclusive.

Activities during the weekend:

Swimming, Canoeing, Flying Fox, Archery, Ball Games, Cricket, Football, Volleyball, Bush Walking, Tug - O - War, Raft building and Race, Games Obstacle Course, and Flying Kite competition.

OPTIONAL: Bring your remote controlled cars, helicopters, planes... also your Kites to enter into the kite flying competition conducted over the weekend.

Following items should be taken:

- |                             |                                   |
|-----------------------------|-----------------------------------|
| (1) Pillow                  | (08) Toiletries & Towels          |
| (2) Sleeping Bag            | (09) Change of clothes            |
| (3) Sleepwear               | (10) Underwear                    |
| (4) Wet weather gear        | (11) Insect Repellent & Sun Cream |
| (5) AAL Golf Cap or Sun Hat | (12) Jacket (warm clothes)        |
| (6) Swimmers & Beach Towel  | (13) Footwear (no thongs)         |
| (7) Torch is a must         | (14) Canteen Money                |

Camp Phone number for emergencies only: - 4566 4366 or Jeff Remington 0404 355 114.

No knives or fireworks are to be taken into camp. All members are reminded that communication coverage is extremely limited at this location and mobile phones may not work as result.

As this is a recreation camp NO Air League uniform is required; Officers need to take their Australian Air League cap and or baseball cap. All personal items should be marked. Do not take valuables. A canteen for sweets and cold drinks will be open during the weekend.

Raymond Bell OAM LM DSA MSA  
Commissioner  
Camp OC

Jeff Remington DSA MSA  
Group Commissioner.  
Camp Adjutant

**BE PART OF THE TEAM ..... COME ALONG AND JOIN IN THE FUN!!**

**AUSTRALIAN AIR LEAGUE  
NEW SOUTH WALES BOYS' GROUP**

**ANNUAL RECREATION CAMP 2017**

3<sup>rd</sup> to 5<sup>th</sup> MARCH 2017

**PAYMENT & DETAILS SUMMARY SHEET**

**SQUADRON** \_\_\_\_\_

**WING** \_\_\_\_\_

CERT NO	GIVEN NAME	SURNAME	ADDRESS	AGE	CONTACT NUMBER	Amount Paid

Please attach your member's form 17a to this summary sheet along with remittance advice and Squadron Cheque.

Return to 5 Nyara Road Mount Kuring-gai NSW 2080  
On for before **24<sup>th</sup> February 2017**.

Group HQ use only

Cheque Received	
Amount Received	
Balance Owning	
Total Amount Due	

Signature Squadron OC. \_\_\_\_\_ Date: \_\_\_\_\_



*Australian*  
**Air League Inc.**

## APPLICATION TO ATTEND ACTIVITY

Form 17a i  
(incorp Form 20a)  
12/2006

(\*\*\*)Please return this form to Squadron OC by ...../...../20.....(\*\*\*)

DAY OUTING     OVERNIGHT ACTIVITY    SQUADRON: .....

NAME OF ACTIVITY: .....    DATE: .....

APPLICANT DETAILS:     MEMBER     NON-MEMBER

Surname: .....    Given Names: .....

Residential Address: .....    Postcode: .....

Phone No.: Home: .....    Mobile: .....    Email: .....

Medicare No.: .....    Private Health Insurance provider (if any): .....

Blood Group (if known): .....    Date of Last Tetanus Injection (if known): .....

### MEMBERS ONLY

Membership No.: .....    Age: .....    Rank: .....    Date of Joining: .....

### NON-MEMBERS ONLY

Age (if under 18): .....

### REQUIRED FEE

Enclosed    \$ ..... (if required)

### EMERGENCY CONTACT DETAILS

Surname: .....    Given Name: .....

Residential Address: .....    Postcode: .....

Relationship to Applicant: .....    Email: .....

Phone No.: Home: .....    Work: .....    Mobile: .....

### DETAILS OF ANY KNOWN MEDICAL/PHYSICAL CONDITION

(Disabilities, Allergies, etc and any medication required)

.....  
.....  
.....

Applicant is self-medicated     Applicant requires supervision of medication

### PRIVACY NOTICE and INDEMNITY

(See details on reverse of this Form)

I, .....  
acknowledge that I have read and understand the Privacy Notice detailed overleaf and I hereby affirm my understanding of the League's Privacy Policy and my agreement to the collection of personal and sensitive data for the purposes described in that Policy in furtherance of the League's objectives.

I further acknowledge having read the Indemnity Statement overleaf and that all particulars included on this Form 17a are correct at the time of signing.

.....  
Signature of APPLICANT **OR**  
Signature of Parent or Legal Guardian where the Applicant is deemed to be a minor under respective state laws.

### WITNESS TO ABOVE SIGNATURES

Printed Name: .....    Signed: .....    Date: .....

**CONFIDENTIAL WHEN COMPLETED**

# FORM 17a – APPLICATION TO ATTEND ACTIVITY

## INSTRUCTIONS FOR THE USE OF THIS FORM

PHOTOCOPIES OF THIS FORM ARE ACCEPTABLE PROVIDING  
THE FORM HAS BEEN COMPLETED IN BLACK INK AND THE COPY IS LEGIBLE.

### **PART A. GENERAL REQUIREMENTS**

#### **1.0 Use of Form 17a**

1.1 **Form 17a must be used to apply to participate in any activity conducted by any Unit of the League.**

Form 17a should be destroyed in accord with the League's Privacy Policy.

1.2 **Form 17a must be fully completed by –**

1.2.1 members who are financial and who have already submitted a Form 20 and who are in possession of a membership number,

1.2.2 a Parent or Guardian on behalf of a member who is deemed to be a minor under respective State Laws,

1.2.3 non-member volunteers who wish to participate in any activity conducted by any Unit of the League in a supervisory role or where a non-member is utilising League provided services, eg, parent or friend attending a League camp; parent or friend sharing transport services provided by the League etc.

2.1.3 Members, Parents/Legal Guardians and adult non-member volunteers are responsible for advising any changes to details on Form 17a as per the Indemnity clause contained therein. When this occurs, Squadron OC will issue the Member/Parent/Legal Guardian or adult non-member volunteer with a replacement Form 17a for completion and is responsible for the prompt return of the updated form.

#### **2.0 Distribution of Form 17a**

2.1 **For the purpose of Parade Nights and other programmed activities such as band/drill practices, instructional activities etc THAT DO NOT exceed a duration of greater than four (4) hours. (Activities exceeding four (4) hours duration MUST have a separate Form 17a to cover the event/activity.**

2.2 **For the purpose of any activity other than Parade Nights etc as detailed in para 2.1 above.**

2.1.1 On the first Parade Night of each year, or upon a new member joining, Squadron OC will issue Form 17a to each member and adult non-member volunteer, the name of the activity being "Parade Nights and associated activities" (refer para 2.1 above) and the date being the relevant year, ie 2006. Completed forms must be returned to Squadron OC on the next and following Parade Night.

2.2.1 Unit OC or Officer in Charge of an activity will issue a Form 17a to each member and non-member volunteer together with any relevant document giving details of the activity.

2.1.2 Squadron OC will retain and have available at each Parade Night and associated activity (refer para 2.1 above), a Form 17a for each Member and adult non-member volunteer for a period of twelve (12) months. At the end of this period the

2.2.2 Completed forms must be returned to Unit OC or Officer in Charge of the activity by the date required, together with any applicable fees.

2.2.3 Unit OC or Officer in Charge of the activity must retain the Form 17a until the completion of the activity, and given that no accident/incident occurred involving the member or non-member volunteer, the form should be destroyed in accord with the League's Privacy Policy.

2.2.4 If the member or non-member volunteer was involved in an accident/incident then the Form 17a must be attached to the accident/ incident report forwarded to Group Headquarters.

2.2.5 Members, Parents/Legal Guardians and non-member volunteers are responsible for advising any changes to details on Form 17a for the activity as per the Indemnity clause contained therein.

### **Part B. PRIVACY NOTICE**

Upon joining the Australian Air League Inc. ("the League") you agreed to us collecting personal and sensitive data for the purposes disclosed in our Privacy Policy in furtherance of the League's objectives. In the case of a youth member, you acknowledge a similar understanding and agreement in your capacity as the Parent or Guardian of that member. The League will not use your personal and sensitive information for any reason other than that for which you would reasonably expect it to be used.

You have certain legislated rights of access to the personal and sensitive information being held in respect of you and your child/ward and you may exercise those rights of access by contacting the Group Executive Commissioner.

You can also contact us on [privacyofficer@airleague.com.au](mailto:privacyofficer@airleague.com.au).

The League's Privacy policy can be viewed on our web site at [www.airleague.com.au](http://www.airleague.com.au).

### **Part C. INDEMNITY**

In consideration of the Australian Air League Inc. (hereinafter named the League) either allowing the member to carry out the above named activity, or accepting services to be provided from me or my son/daughter/ward to the League on a voluntary basis, or such other basis as may be agreed in writing, I agree and indemnify the said League, its officers, member pilots, servants or agents insofar and to the extent of which the League, its officers, member pilots, servants or agents are not entitled to be indemnified under any policy of insurance whatsoever against any damages claims or demands arising out of any incident accident or illness which may befall or occur to me or my son/daughter/ward during my/his/her voluntary service with the League or such other participation in the above named activity conducted by the League or when travelling to or from the above named activity connected with the League. I further authorise any officer or member in charge at the time, where it is impractical to contact me, in

the event of any incident, accident or illness to obtain any necessary medical assistance or treatment and for this purpose engage any doctors, nursing assistance or hospital accommodation and, if emergency operations are required I authorise the administration of anaesthetic and operation by a surgeon at his/her direction and in this event I agree to pay all expenses, costs and fees of whatsoever nature other than fees and expenses recoverable under any insurance policy which the League may have in place from time to time and I agree to pay all such costs expenses and fees to the League upon demand. I further agree to inform and update the League in relation to any change in medical condition affecting me, my son/daughter/ward prior to the date of the above named activity. I further agree that I, my son/daughter/ward will be bound by the Rules and Regulations of the League and I further agree that I, my son/daughter/ward will accept and adhere to all directions of the Officer in Charge whilst participating in League activities.