

*The Squadron at the Foot of the Mountains*

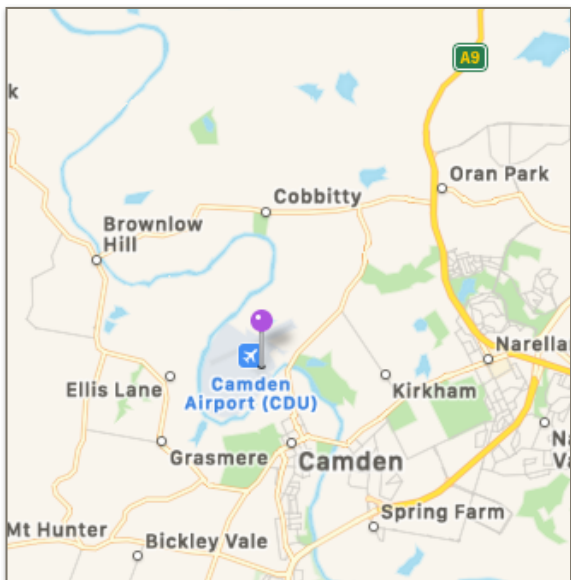
# PENRITH SQUADRON

## SQUADRON FLYING DAY

**Sunday 21st July 2019**



Hanger 57,  
Aerodrome Rd,  
Camden Airport  
NSW 2570



### COSTS

\$ 80.00 per passenger

(Squadron subsidy \$.....)

On **Sunday 21st July**, we will be visiting Camden Airport for a Flying Day at the Air League's **Air Activities Centre** with the other Squadrons of Kerr Wing.

The cadets will have the opportunity to undertake an Air Experience flight out to view Warragamba Dam, and the Squadron will be sponsoring part of the flight to ensure all cadets get to experience a flight.

Parents and family are also welcome to fly time permitting however the Squadron cannot sponsor these flights.

We will also visit the Control Tower (if they're not busy!) and the cadets will also have the change to complete the **Air Activities - Powered** badge on the day, and also earn points toward their **Aviation Experience** Badge!

### Times and Schedules

0830 hrs	-	All members arrive at Camden
0900 hrs	-	Fall In and Flag Rise
0915 hrs	-	Begin course and first flight
1030 hrs	-	Morning Tea
1200 hrs	-	Lunch
1430 hrs	-	Assessments
1600 hrs	-	Flag fall and depart

Cadets should be in **FULL UNIFORM** including their caps.

Final numbers are required by **SUNDAY 7th JULY**, so please return your signed permission form (attached) on **Thursday 4th July**.



*Australian*  
**Air League**

Squadron OC Ray McKenzie  
m. 0418 209 344



# APPLICATION TO ATTEND ACTIVITY

Form 17ai  
(incorp Form 20a)  
02/2019

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

**SQN:** ..... **WING:** ..... **GROUP:** .....

**Day Outing**       **Overnight Activity (1 Night)**       **Overnight Activity (More than 1 Night)**

**NAME OF ACTIVITY:** ..... **DATE:** From: ..... To: .....

**APPLICANT DETAILS:**       **MEMBER**       **NON-MEMBER**

Last Name: ..... First Name: ..... AKA (Also Known As): .....

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 Joined: .....

### NON-MEMBERS ONLY

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

### REQUIRED FEE

Enclosed \$ ..... (if required)

### EMERGENCY CONTACT DETAILS

Last Name: ..... First Name: ..... AKA (Also Known As): .....

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 understand-  
ing 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,

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.

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.

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

#### **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.**

2.2.1 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.

2.1.1 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.

2.2.2 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.

2.1.2 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

2.2.4 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**

If, by entering into this Agreement, the Applicant or Applicant's son/daughter/ward is a consumer as defined in schedule 2 of the Australian Consumer Law, the disclaimers contained in this clause shall be severed from this Agreement to the extent of any inconsistency with the Australian Consumer Law. Under the Australian Consumer Law (ACL), certain consumer guarantees may apply in respect to services supplied by Australian Air League Inc. Nothing in this Application should be interpreted as attempting to exclude these consumer guarantees or any other liability arising out of statute or limit Australian Air League Inc's ("League") liability for breaching the guarantees or limit liability which cannot lawfully be limited. Subject to the applicable consumer guarantees, and to the extent permitted by law, the League excludes any condition, guarantee or warranty which would otherwise be implied into this Agreement. In consideration of the League accepting me or my son/daughter/ward as a participant in the Activity operated by the League to which this Application relates, I agree to indemnify and keep indemnified the League, its officers, member pilots, other members, servants and agents in relation to any extent which the League, its officers, member pilots, other members, servants and agents are not entitled to be indemnified under any policy of insurance whatsoever against any damages, claims, illness, demands or any other occurrence which may eventuate or happen to me or my son/daughter/ward during my/his/her participation in any

activity/function/communication or when travelling to or from the activity/function connected with the League or in relation to the League including any liability for death or personal injury. 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, illness or mishap, to obtain any necessary medical assistance or treatment and for this purpose to 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 that I, my son/daughter/ward will be bound by the Rules and Regulations of the League in place from time to time and I further agree to regularly inform and update the League in relation to any change in medical condition affecting me, my son/daughter/ward. I further agree that I, my son/daughter/ward will accept and adhere to all the lawful directions of the Officer in Charge made in accordance with the League's Constitution and Manual whilst participating in League activities. I acknowledge having read and understood this indemnity and further state that all particulars included on this Form 17a are correct at the time of signing.