



Please circle an activity you would like to book in for

Bowling / Cultural Dance / Movies / Jump Zone

*Please note: If activities are booked out you will go on a waiting list

Parents/Care Full Name: Address: Suburb/Town: Post Code: P: M: Date of Birth: Email Address:

Please tick below options:

Gender: Male Female Nationality: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Other

If other please state: Where is your mob from?

Table with 6 columns: Child/ren Full Name, Age, Male / Female, Medical Details, Allergies, Aboriginal or TSI

* Please note: If your child has any action plans for any medical condition please provide appropriate documentation.

Emergency Contact Details (Not Yourself)

Name: Relationship to Children: Address: Home Phone: Mobile:

Media/Photo Consent:

I.....do / do not give my permission for Tharawal Aboriginal Corporation Family Support Program to photograph my child / children, for promotional purposes.

Behavior and Risk Declaration:

- Through Tharawal Aboriginal Corporations Family Support Program we support parents and carers to participate in all activities offered with their children. Parents and carers are required to take full responsibility of their children whilst attending the holiday program activities.

Parent / Guardian Signature: Date:

