



Please circle an activity you would like to book in for

Movie Day / La Perouse/ Ten Pin Bowling/Macquarie Fields Pool/

*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 Other [] Other
If other please state _____

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 and carry with you at all times.

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. I am aware that some photos may be displayed onto the Tharawal Aboriginal Corporation webpage / Facebook/promotional brochures. I am aware that my child/ren's information and details are kept confidential.

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.
All participants have the right to participate in a positive environment; bullying of any kind will not tolerated.
All participants will approach and adhere to the health, safety and well-being of all participants and staff.
All participants must comply with procedures and instructions explained by Tharawal Aboriginal Corporation staff.
I /we understand that Waranwarin Tharawal Child and Family Centre and it's staff conducts risk assessments to minimize any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge and hereby waive release and hold harmless from any liability for damages or claims for personal injury, including accidental death, as well as for property damage which may arise in conjunction with the above activities against Tharawal Aboriginal Corporation, and its employees, assistants.

Parent / Guardian Signature: _____ Date: _____