

COOMALIE COMMUNITY GOVERNMENT COUNCIL



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TERM ONE & TERM TWO 2019 PARTICIPANTS INFORMATION AND PERMISSION

Parents Particulars:

Name: _____

Email: _____

Mobile: _____ Work / home: _____

Address: _____

Child / Children's Particulars (please complete all sections)

	Child 1	Child 2
Full Name:		
DOB:		
Age:		
Medical conditions (ie asthma, allergies):		
Medicare number:		
Current Ambulance cover:	Y / N	Y / N

Emergency Contact person: _____ Phone _____
(other than parent)

Parental Consent:

In giving my consent for my child/ children to attend **After Hours Sports and Activities**, as indicated by my signature below, I also authorise the event staff to make arrangements for the welfare of my child (including medical treatment) **in the case of an emergency**. I Agree to meet the costs associated with any emergency arrangements made by event staff. I have provided details above of any special medical/physical problems concerning my child / children which event staff need to be aware of.

Photographs may be taken during this event by CCGC Staff with the view of using these photos for promotion of the region or other events. Do you give your permission for your child's image to be used for this purpose?

Yes No

Would you like to receive email notifications regarding future community events and sports programs?

Yes No

Parents Signature: _____ Date: _____