

Orienteering South Australia Inc.

INTRODUCTION TO ORIENTEERING DAY SUNDAY 11 FEBRUARY 2018 PERMISSION FORM

Name: _____

Date of Birth: _____ Gender _____

School: _____

Number of Orienteering events attended to date: _____

Orienteering Club (if applicable) _____

Contact Details

Name of Parent (s): _____

Home Phone: _____

Mobile: _____

Address:

Post Code: _____

Email: _____

Medical Information

| | |
|----------------------------------------|----------------------------------------------|
| Medicare Number: | Medication: |
| Allergies: | |
| Additional Medical Details/Conditions: | Name of Private Health Fund (if applicable): |
| Date of Last Tetanus Injection: | Private Health Fund Membership Number: |

I give permission for my child to participate in the Introduction to Orienteering Day to be conducted at Wadmore Park on 11 February 2018.

I give permission for my child to be photographed during these activities and for these photographs to appear in Orienteering SA publications and on the Orienteering SA website (please circle) Yes / No

Signed: _____ (Parent/Guardian) Date: / 2 / 2018

Please hand in to the Registration on 11 February 2018.

How did you find out about today?

Please help us improve our advertising of our Introduction to Orienteering Days by indicating below how you became aware of today (please tick

☐)

Orienteering SA

Website

Program

Enews

Orienteering Club

Friends

School

Other (Please specify)