

# Orienteering South Australia Inc.

## INTRODUCTION TO ORIENTEERING DAY WEDNESDAY 18 APRIL 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 18 April 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: \_\_\_\_\_ / 4/ 2018

Please hand in to the Registration on 18 April 2018.