

Orienteering South Australia Inc.

INTRODUCTION TO ORIENTEERING DAY WEDNESDAY 5 MAY 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 Para Wirra Conservation Park on 5 May 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: _____ / 5/ 2018

Please hand in to the Registration on 5 May 2018.