

Orienteering South Australia Inc.

INTRODUCTION TO ORIENTEERING MODERATE COURSES DAYS 9 & 16 SEPTEMBER 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 Days to be conducted at Wadmore Park and in the Para Wirra Conservation Park on 9 and 16 September 2018 respectively..

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: / 9 / 2018

Please hand in to the Registration on 9 May 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)