# Orienteering South Australia Inc.

## INTRODUCTION TO ORIENTEERING DAY WEDNESDAY 10 OCTOBER 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 10 October 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:* */ 10/ 2018*

Please hand in to the Registration on 10 October 2018.