Active After-school Communities
Parent\Guardian Consent Form

School \ Out of School Hours Care Service (OSHCS) Activity Details:
(to be completed by the School\OSHCS)

<table>
<thead>
<tr>
<th>School\OSHCS Name</th>
<th>HOLY CROSS O.S.H.C.</th>
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</table>

Activity(s) being delivered:

<table>
<thead>
<tr>
<th>Term</th>
<th>Activity Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 2013</td>
<td>VARIETY OF SPORTS ACTIVITIES ACROSS</td>
</tr>
<tr>
<td>1-4 2013</td>
<td>THE 4 TERMS</td>
</tr>
</tbody>
</table>

Child details: (to be completed by Parent\Guardian)

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Date of birth</th>
<th>School Year</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

Parent\Guardian details: (to be completed by Parent\Guardian)

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Relationship to child</th>
<th>Postal Address</th>
<th>Suburb\Town</th>
<th>State\Territory</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
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Daytime phone number ( )
After hours phone number ( )

If you need to be contacted via telephone, would you need the assistance of an interpreter (including TTY)?
Yes ☐ No ☐

If yes, what language are you comfortable communicating in?
Child medical information:  *(to be completed by Parent/Guardian)*

Does your child have any medical conditions and/or take any medication which the activity supervisor(s) need to be aware of?  

Yes [ ]  No [ ]

If yes, please provide details:  

Are there any activities that your child should not participate in or that should be modified for your child due to medical or other reasons?  

Yes [ ]  No [ ]

If yes, please provide details:  

Consent/Authority: *(to be completed by Parent/Guardian)*

1. As the parent or legal guardian of the child named above *(my child)*, I give my permission for my child to participate in the Active After-school Communities program *(AASC program)* activities specified above, to be conducted by the School/OSHCS named above.

2. I give my permission to the supervisors of the activities appointed by the School/OSHCS to implement the School/OSHCS code of conduct and/or take other reasonable measures to ensure the successful conduct of the activities and safety and well-being of the activity participants.

3. In the event of any injury or illness to my child, I authorise the supervisors to apply or arrange first aid and to arrange examination by a registered medical practitioner and, if contact with me is impracticable or impossible, to arrange whatever medical treatment the registered medical practitioner considers necessary at that time. I will pay all medical expenses incurred on behalf of my child.

4. I have provided all information necessary for the supervisors to plan safe participation by my child in the activities, including, if relevant, details of any activities that my child should not participate in or that should be modified for my child due to medical or other reasons.

5. I agree to release the School/OSHCS from any liability to my child or myself in relation to any injury or illness that my child may suffer, and for loss or damage to property, in connection with the activities, except to the extent that the liability arises as a result of the negligence of the School/OSHCS.

6. I agree to release the Australian Sports Commission *(ASC)* from any liability to my child or myself in relation to any injury or illness that my child may suffer, and for loss or damage to property, in connection with the activities, except to the extent that liability arises as a result of the negligence of the ASC.

7. I acknowledge and agree that the School/OSHCS collects personal information for the purposes of conducting the activities, and that the School/OSHCS may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the AASC program.

8. The ASC will undertake an evaluation of the AASC program and will need to gather the views of those involved in the AASC program, including participating child and their parents/guardians. The ASC and its contracted researchers may contact you in the future to invite you to participate in a telephone interview or focus group. Involvement in the evaluation is voluntary, all responses will be kept confidential and any reporting will be generalised so that no one individual can be identified. Your child may also be invited to complete a short questionnaire while participating in the AASC program. Participants will be randomly selected for involvement within this evaluation.

Unless you tick the box below to indicate that you do not grant permission, the details you provide on this form will be passed on to the ASC and its contracted researchers for the above purposes.

I **DO NOT** grant permission..............................  

9. The ASC wishes to record images of the AASC program, including images of child participating in activities. These images may be used in ASC publications, posters, events, promotional broadcasts, reporting materials and websites in any form of media.

Unless you tick the box below to indicate that you do not grant permission, images may be taken of your child and used for the above purposes.

I **DO NOT** grant permission..............................  

I have read, understood and agree to the above terms and conditions.

Name  

Signed  

Date  