

Parent Consent for Camps/Workshops

(to be handed in at time of registration)

Name of Child:

Address:

.....

Child's Date of Birth:

Can he/she swim?:.....

Medicare number of parent/guardian:

Other Health Fund and number:

In case of emergency:

Contact name:

Contact numbers:

Second contact name and numbers:

Please give details of any health or fitness aspect of the child that may require special attention:

.....
.....
.....

I consent to my child Attending the Australian Gifted Support Centre
Camp or Workshop for the date(s) of

I understand that while every care will be exercised by those in charge of this activity, I agree to and do hereby indemnify the Australian Gifted Support Centre, members, servants and agents insofar as and to the extent to which the said organisation, its' officers, members, servants and agents are not entitled to be indemnified under any policy of insurance, from and against all actions, suits, damages, claims, and demands arising out of any accident, injury, illness which may befall or occur to the said applicant during or as a result of participation in any activity or function connected with the said Association or when travelling to or from such activity or function or arising out of the death of the said applicant during or as a result of participation in any activity or further connection with the said Association or when travelling to and from such activity or function. I further authorise any officer, member or servant of the said Association in the event of such accident, injury or illness to obtain such medical assistance or treatment for the said applicant as he or she may consider necessary and for this purpose to engage any doctors, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctor's, nurse's and hospital fees and expenses (other than fees and expenses recoverable by the said Association under any policy of insurance).

Signed: Dated:
(parent/guardian)
