



NIPPER COME & TRY PROGRAM @SLSC: _____

PARTICIPANT DETAILS

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ Post Code: _____

Contact Phone: _____ Contact Email: _____

- Does the participant have any medical condition/s or health problem? YES NO
If Yes, please provide details of the medical condition or health problem below or attach to this form.

Medical condition/health problem: _____

If a medical emergency could occur, please provide any further relevant information?

Precautions to avoid emergency _____

How to recognise emergency _____

Emergency treatment required _____

- Does the participant take any prescribed medication (including inhalers)? YES NO
If "YES", please provide details of the medication

Please name any prescribed medication (including inhalers) taken by your child

Medication Name _____ Dose _____

When Taken _____

How Taken _____

Any side effects _____

Note: Any medication needed should be available during activities, with written notes of your child's name, medication, dose, etc.

PARENT/GUARDIAN DETAILS

First Name: _____ Last Name: _____ Relationship: _____

Phone: _____ Email: _____

PLEASE READ CAREFULLY

I hereby waive all and any claims, or cause of action which I might be entitled to have against all managers, personnel, officials, organisers, or any person(s) whatsoever involved in any Club activities, events or functions conducted on behalf of the Club and other competitors who may be liable for any damage in respect of any matter whatsoever arising out of / or incidental to the events / functions being held as part of, or in conjunction with Surf Life Saving, whether or not such act or omission by such aforesaid life saving personnel is either negligent or reckless.

I hereby give my consent for the appointed doctors, coaches, staff and other officials of the Club to provide first aid and deliver me for treatment at the nearest operating and available medical facility in the event of injury as a result of any activity or event I am part of, or involved with, any event / function being held as part of, or in conjunction with Surf Life Saving or any allied Association.

I consent to the relevant SLS Organisation(s), using my name, image, likeness and also my performance in or of any SLS Activity at any time to promote the Objects of the relevant SLS Organisation(s), by any form of media. I waive any rights I might have to or in such use of my name, image or likeness by the relevant SLS Organisation(s).

Parent/guardian Signature _____ Date: _____

OFFICE USE ONLY

Name: _____ Age group: _____ Medical Details: _____

Name of Parent / Guardian: _____ Emergency Phone Contact: _____