

## **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: \_\_\_\_\_

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#### OFFICE USE ONLY

Name: \_\_\_\_\_ Age group: \_\_\_\_\_ Medical Details: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Emergency Phone Contact: \_\_\_\_\_