

Wathaurong Community Christmas and Family Day 2018

Adventure Park – 10:30am to 3pm, Saturday 15 December

Your name:			
Your address:			
Your email:			
Your phone number:			
Emergency phone number:			
Adult name 2:			
Adult name 3:			
Adult name 4:			
Child name 1:		Date of birth:	
Give details of any allergies or relevant medical details for Child 1:			
Child name 2:		Date of birth:	
Give details of any allergies or relevant medical details for Child 2:			
Child name 3:		Date of birth:	
Give details of any allergies or relevant medical details for Child 3:			
Child name 4:		Date of birth:	
Give details of any allergies or relevant medical details for Child 4:			
Child name 5:		Date of birth:	
Give details of any allergies or relevant medical details for Child 5:			
Doctor name:			
Doctor phone number:			
Medicare number:			
Medical insurance:			
I understand that all children under the age of 18 must be accompanied and supervised by an adult as Wathaurong Aboriginal Co-operative cannot accept responsibility during this event		Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	
I accept full responsibility for my child/children and myself and my/his/her belongings whilst attending this Event and if an accident occurs resulting in loss or damage. I will not make any claims against the Wathaurong Aboriginal Co-operative and will indemnify the Co-operative for		Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	

or in respect of any claims made for or on behalf of my child or myself.	
In the case of an accident, I authorize the person in charge of my child to consent, where it is impractical to communicate with me, to receive such medical or surgical treatment as may be deemed necessary.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Do you need transport and if so where do you prefer for our bus to pick you up	<input type="checkbox"/> Wathaurong, 62 Morgan St <input type="checkbox"/> Whittington Primary, Solar Drive <input type="checkbox"/> Grovedale Community Hub, 45 Heyers St
I understand that I will be required to sign a copy of this form before I can attend the Event e.g. at Wathaurong or before boarding the bus	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed: _____ Print name: _____

Date: _____

If you need help with this form, please call Duane Luki on 0438 675 210.

Please return this form to Wathaurong before 10 December 2018 by:

- Printing and delivering it to our office at 62 Morgan St
- Sharing it to duane.luki@wathaurong.org.au
- Saving it to your device and emailing as an attachment to duane.luki@wathaurong.org.au

You will be contacted by a Wathaurong staff member before the Event.