



**Privacy disclosure:** This information is sought by the Parish of North Pine.

- This information is sought for the primary purpose of providing a safe environment for children with whom the Parish have contact.
- This information will be shared with only others significantly involved with child-related activities.
- You may seek access to this information if you wish.
- This information will be kept for a period of seven years.

<b>Notice for Parents and Participant about the activity</b>	Activity	Sound Youth 2018 Break up, sleepover and Boating Day Trip
	Date of Activity	7th & 8th December, 2018
	Starting time	<b>7pm Friday 7th December at NPAC Hall</b>
	Finishing time	<b>4.30pm Saturday 8th December at NPAC Hall</b>
	Location address	Overnight at NPAC Hall, Wyllie Street, Petrie Saturday at Lake Somerset for swimming, tubing, and water-skiing if capable. (Must bring shoes, hat, sunscreen)
<b>Transport arrangements</b>	Name/s of driver/s	Graeme Aldom, Sharon Armstrong and other approved drivers from Hall to Somerset and return. Boat drivers: Garth Hollindale, Neville Victor.
	To activity	
	From activity	
	Mobile telephone	Graeme 0403 014 335 Sharon 0410 213 572
<b>Cost of activity</b>	Total	\$2 - usual weekly cost
	When paid	on arrival
	By whom	youth
<b>Local contact person</b>	Name	Graeme Aldom
	Mobile telephone	0403 014 335
	Telephone	
<b>Activity leader</b>	Name	Graeme Aldom
	Telephone	
	Mobile telephone	0403 014 335
<b>Consent form</b>	<p>As parent/guardian of ....., I.....</p> <p>give my permission for him/her to take part in the activity outlined on this form.</p> <p>The leaders and instructors have my authority to take whatever action they consider necessary to ensure the safety and wellbeing of the group and/or individuals in the abovementioned activity.</p> <p>If my child becomes ill or is accidentally injured, the leaders may obtain on my behalf whatever medical treatment is deemed necessary. I will pay all such medical expenses.</p> <p>(If not already provided) I have attached information as requested about my child's health, including details of his/her limitations for the planned activity. My child's doctor and/or specialist may be contacted in an emergency.</p> <p>To the best of my knowledge, this information is accurate and gives details for the treatment of my child.</p>	
<b>Signature</b>		Date:
<b>Child's declaration</b>	I ..... agree to show respect to leaders and the other participants and to co-operate with all lawful rules and instructions.	
<b>Signature</b>		Date: