



Surf Life Saving Queensland
Application Form
Minors (U18)

CHILD'S INFORMATION

Surname

Given name/s

Address (postal)

Phone (H)

Phone (M)

Surf Life Saving Club

Branch

Email address

Date of birth

Age

Gender

M F

EMERGENCY CONTACT DETAILS

Surname

Given name/s

Address (postal)

Phone (H)

Phone (M)

Phone (W)

Email Address

Any relevant family history?

Parent/Guardian's Name

Parent/Guardian's Signature

Date



Surf Life Saving Queensland
Parental Consent Form
Minors (U18)

DECLARATION

I hereby give my consent for my child/children:

List name/s

to participate in any activity arranged, or participated in, by Surf Life Saving Queensland during the ensuing twelve (12) months from the date of the agreement; and I hereby give my permission for my child/children to use such known forms of transport, including air transport, for such travelling as may be deemed necessary.

I agree that, during the period(s) of the aforesaid activities in which my child/children participates, and during such travelling and other activities as may be deemed necessary, my child/children shall be under the sole direction of the person(s) duly appointed in charge of the squad(s) and/or team(s) in which he/she is included.

Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare Medical Expenses (i.e. dental, physiotherapy) subject to a limit of \$5,000 and these expenses must be incurred within 12 months of sustaining injury.

Parent/Guardian's Name

Parent/Guardian's Signature

Date



Surf Life Saving Queensland
Medical Form
Minors (U18)

MEDICAL INFORMATION

I am up to date with immunizations?

YES NO UNSURE

Date of last anti-tetanus injection

Do you suffer from any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergic condition inc. food | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> A current illness (e.g. flu) |
| <input type="checkbox"/> Epilepsy, fits or blackouts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Asthma | |

If yes to one or more, please give details (attach sheet if necessary)

Medicare number

Private Health Insurance

Are you insured against accidents for activities other than the SLS Insurance Policy? (If yes, please indicate the name of the company)

Any other relevant medical history?

Do you have any special dietary requirements?

DECLARATION

I hereby authorize the obtaining on my behalf of such medical assistance as my child may require in the event of an accident or illness. I authorize the administering of such medical treatment including the use of anesthesia, as may be deemed necessary by the Medical Officer attending. I understand that junior members are covered by the association's personal accident policy that provides coverage for non-Medicare medical expenses (i.e. dental, physiotherapy) subject to a limit of \$5,000 and these expenses must be incurred within 12 months of sustaining injury.

Parent/Guardian's Name

Parent/Guardian Signature

Date



Surf Life Saving Queensland Photograph Consent Form

I/we, _____, consent to the use of the name/s and/or image of myself/my child/ren (*strike out as applicable*) for the scope of use as set out below.

Full Name/s of participant/s & date of birth: _____

Address: _____

Suburb: _____ **Postcode:** _____

Phone: (H) _____ **(M)** _____

Surf Life Saving Club: _____

Event/activity participating in: _____

DECLARATION

I consent to Surf Life Saving Queensland (ABN 27 360 485 381) ("SLSQ") using my name, image and/or quote for any SLSQ internal and/or non-commercial external promotion, education or research purposes and that all proprietary rights including intellectual property rights of any image, photograph or likeness of me will be owned by SLSQ.

I agree that my name, image and/or quotes may be used in any medium including but not limited to provision of footage to the media.

I acknowledge that this permission does not extend to the inclusion of my name, image and/or quote in advertising or via paid endorsement without separate approval for this specific purpose.

If participant is over the age of 18 years:

Name: _____

Signed: _____

Participant

Date:/...../.....

If participant is under the age of 18 years:

Name: _____

Signed: _____

Parent/Guardian

Date:/...../.....