



**Form for the Australian Sports Commission  
Parent\Guardian Information and Consent**  
(to be used in conjunction with school\OSHCS consent form)

**School \ Out of School Hours Care Service (OSHCS) Activity Details:**

*(to be completed by the School\OSHCS)*

School\OSHC  
S Name

**Child details: (to be completed by Parent\Guardian)**

First name

Last name

Date of birth









School Year

Sex

Male

Female

**Parent\Guardian details: (to be completed by Parent\Guardian)**

First name

Last name

Relationship to  
child

Postal Address

Suburb\Town

State\Territory




Postcode





Daytime phone  
number

 ( )

After hours  
phone number

 ( )

If you need to be contacted via telephone, would you need the assistance of an interpreter (including TTY)?

Yes

No

If yes, what language are you comfortable communicating in?

Consent: (to be completed by Parent/Guardian)

1. I agree to release the Australian Sports Commission (ASC) from any liability to my child or myself in relation to any injury or illness that my child may suffer, and for loss or damage to property, in connection with the AASC program activities, except to the extent that liability arises as a result of the negligence of the ASC.
2. I acknowledge and agree that the School/OSHCS collects personal information for the purposes of conducting the activities, and that the School/OSHCS may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the AASC program.
3. The ASC will undertake an evaluation of the AASC program and will need to gather the views of those involved in the AASC program, including participating children and their parents/guardians. The ASC and its contracted researchers may contact you in the future to invite you to participate in a telephone interview or focus group. Involvement in the evaluation is voluntary, all responses will be kept confidential and any reporting will be generalised so that no one individual can be identified. Your child may also be invited to complete a short questionnaire while participating in the AASC program. Participants will be randomly selected for involvement within this evaluation.

Unless you tick the box below to indicate that you do not grant permission, the details you provide on this form will be passed on to the ASC and its contracted researchers for the above purposes.

I **DO NOT** grant permission.....

4. The ASC wishes to record images of the AASC program, including images of children participating in activities. These images may be used in ASC publications, posters, events, promotional broadcasts, reporting materials and websites in any form of media.

Unless you tick the box below to indicate that you do not grant permission, images may be taken of your child and used for the above purposes.

I **DO NOT** grant permission.....

I have read, understood and agree to the above terms and conditions.

Name

Signed

Date