



NEWCASTLE PAINTBALL GAMES

ABN: 20 994 801 199

Field Location WAKEFIELD RD, WAKEFIELD near Barnsley

PO BOX 430, SINGLETON NSW 2330

TELEPHONE: 0419 633317

FACSIMILE: 65 734360

Web Site: www.newcastlepaintballgames.com

Email: info@newcastlepaintballgames.com

PARENT/GUARDIAN CONSENT FORM

Purpose of Consent: To allow participation in the sport of Paintball at Newcastle Paintball Games.

Date of Participation:Duration of Session: 3 hour / Full Day / Night

Session Start Time:.....

Delegated Organiser/ Supervisor(s).....

Mobile Phone of Organiser/ Supervisor(s).....

Childs Details:

Name (in full):.....

Date of birth:/...../.....

Disabilities (if any):.....

Allergies (if any):.....

Special food requirements or food disallowed (if any).....

Student Medical Details:

Please detail any current medical conditions and treatment plans for your child, relevant to their participation in this sport.

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Emergency Contact:

Name: Relationship:.....

Phone:

Parental Consent:

As Parent/ Guardian of, I hereby give my consent for him/her to participate in the paintball games at Newcastle Paintball Games and agree to delegate my authority to the delegated Supervisor(s) listed above. I understand that the Supervisor(s) have recognised that they have a duty of care for my child and have agreed to undertake full care and responsibility for the safety, well-being and organisation of my child and to follow my instructions regarding any disability, allergy, food requirements or food disallowed and/or any other medical concerns described above and, if they do that, and if they provide proper care, I hereby agree to indemnify them against any future liability for any accident or incident involving my child during the excursion whatsoever. My Child is over 16 years of age.

Parent/Guardian Signature:

Parent/Guardian Name:

Parent/Guardian Contact Phone:

Date:/...../20.....