



The life of the beach.

## Parental Consent Forms for Minors (U18)

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### PURPOSE:

Consent from parents for minors (Under 18 years of age) to participate in all activities conducted by Surf Life Saving Queensland.

### DISTRIBUTION:

Forms are enclosed and stocks should be held by the club.

### CLUB RESPONSIBILITY:

Ensure parents complete and sign forms at time of initial or renewal of membership or prior to any activity being conducted outside of the normal nipper training day.

Clubs are to ensure that they maintain originals for club records.



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  
**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  
**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?

- Allergic condition inc. food     A disability or chronic illness     A current illness (e.g. flu)  
 Epilepsy, fits or blackouts     Diabetes     Other  
 Skin condition     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