

Extra Curricular Activity Collection 2017

I give permission for (child's name) _____
to be collected from OOSH on (day) _____
at (time) _____ to attend _____.

I understand that my child will be signed out of Rozelle OOSH by their coach/teacher/nominated representative.

I understand that until my child is signed back in to Rozelle OOSH they will be in the care of their coach/teacher/organisation representative. Rozelle OOSH are not responsible if your child is not returned to the service after their activity.

Coach/Teacher's name _____
Organisation/Business name _____

If there are any changes I will notify Rozelle OOSH in writing.

Parents Signature

Date

Rozelle OOSH recommends that parents/guardians ensure that their child's coach/tutor has a recognised and current working with children check. For more information go to:

<http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check>