

Extra Curricular Activity Collection 2018

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>