



Extra Activity Permission Form

07 – 591s

YOUNG PERSON'S
NAME:

I, as parent/guardian of the above mentioned person, give my permission for them to leave YMCA OSHC to attend:

- | | | | |
|-------------------------------------|----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Band | <input type="checkbox"/> Basketball | <input type="checkbox"/> Chess |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Cricket | <input type="checkbox"/> Debating | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Rugby | <input type="checkbox"/> Soccer | <input type="checkbox"/> Strings |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Other | |

I authorise the YMCA OSHC Coordinator to release my child from care on:

- | | | |
|------------------------------------|--------------|--------------|
| <input type="checkbox"/> Monday | DEPART TIME: | RETURN TIME: |
| <input type="checkbox"/> Tuesday | DEPART TIME: | RETURN TIME: |
| <input type="checkbox"/> Wednesday | DEPART TIME: | RETURN TIME: |
| <input type="checkbox"/> Thursday | DEPART TIME: | RETURN TIME: |
| <input type="checkbox"/> Friday | DEPART TIME: | RETURN TIME: |

Period for which this authorisation remains in force:

I understand that YMCA OSHC is not responsible for my child from the time they leave the service until they report back to the Coordinator on return. I will ensure that the provider of the activity is aware of their responsibilities during the time my child is in their care. The time my child leaves the service and time they return (if applicable) will be documented on the Attendance Register.

PARENT NAME:

SIGNATURE: DATE:

A separate form must be filled out for each young person and each activity.



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