

Active Kids 2014

24TH OCTOBER – 12TH DECEMBER



2014 Active Kids Program

Friday Mornings (24th October – 12th December 2014)

9.30am - 10.15am	Under 5s	Just turn up on the day and participate
10.30am - 11.15am	Primary & Secondary aged children	School bookings essential through Active Launceston (please see over)

Active Kids is NOT a babysitting service! It is essential that carers, parents and teachers join in the activities with the children. Participants need to arrive 10-15 minutes earlier on the first day of participation to complete necessary insurance/health waiver forms.

**For more information please contact
Active Launceston on 6324 4027**

City Park – meet our leaders at the rotunda! 24th Oct – 12th Dec (8 weeks) every Friday!

Join Active Launceston for a FREE 45 minute 'active play' session for children of all ages and abilities; there is no better way to get children to increase their levels of physical activity participation! Active Kids will provide you with lots of ideas about how to get your kids active in the home, community or school.

Move More, Live More!

Active Launceston relies on grants, sponsorships and donations to operate. The Active Launceston Appeal gives you the opportunity to say thank you and contribute to programs and events into the future. To make a donation please visit the UTAS Foundation website www.utas.edu.au/foundation/donate and follow the links to the Active Launceston Appeal.

Active Kids

is a free program funded by



Contact Details

School:

Contact Person:

Postal Address:

Phone:

Email:

Student Details

Number of students participating (max 50 per session):

Ages of students participating:

Number of teachers accompanying children:

Will there be any children with high needs participating?

YES / NO (please circle)

If yes, will they be accompanied by a carer? YES / NO (please circle)

Preferred dates for participation:

1st Preference:

2nd Preference:

(Details will be finalised by Active Launceston)

Transport Required: YES / NO (please circle)

(some funding is available for buses)

Please return this form at least 2 weeks prior to your preferred session as numbers are limited. We will confirm your session date via phone or email. Please send completed form via;

Fax: 6348 8798

Email: active.launceston@utas.edu.au

Mail: Active Launceston, Locked Bag 1377, Launceston TAS 7250

GROUP INSURANCE WAIVER

PARENT / GUARDIAN / TEACHER SECTION		I hereby agree and consent to the children listed over, to participate in this Active Launceston initiative.	
GIVEN NAME/S		GENDER	
SURNAME			
POSITION			
SCHOOL / CENTRE / ORGANISATION			
POSTAL ADDRESS			
SUBURB		POSTCODE	
EMAIL		DATE OF BIRTH	
TELEPHONE		AGE	
SIGNATURE		DATE	

ANY ADDITIONAL INFORMATION YOU FEEL MAY BE RELEVANT

TO: UNIVERSITY OF TASMANIA

I understand and agree that I participate in this Active Launceston initiative entirely at my own risk. I am aware of the risks involved in participating (including any specific to health and or physical condition) and I voluntarily assume all risks associated with my participation.

I accept that the University of Tasmania (the University), its employees and agents exclude all liability whatsoever for any death, personal injury or damage to property that I suffer as a result of participating whatever the cause. I forever fully release the University including its employees and agents from any such liability and I waive any present or future rights that I may have against them in relation to any such death, personal injury or damage to property. I understand that to "participate" means my participation in this an Active Launceston initiative.

Consent relating to collection of personal and health information

The personal and health information on this form is being collected by the University of Tasmania (UTAS). Your Information will be used by UTAS for the following purposes; Active Launceston initiative promotion, demographic analysis and evaluation to ensure the future sustainability of the Active Launceston initiative, assisting you in the event you require medical attention during participation, completing UTAS insurance requirements and assessing the suitability of the planned activity for you.

Your information will be disclosed to instructors and event organisers as required to make them aware of any medical requirements or conditions which may assist them in conducting the activity. De-identified data and statistics collated from the information provided by you on this form will be provided to partners and funding bodies for analysis to ensure the programs are meeting the intended audiences.

Failure to provide the requested information may result in your participation in the initiative being denied.

By signing this form you consent to the use and disclosure of your personal and health information for the identified purpose for which it is collected. Your information may be disclosed to third parties without your consent where it is reasonably necessary to lessen or prevent a serious threat to my life, health, safety or welfare or where disclosure is required by law.

Photographs and images

Photographs and other recorded images of you participating in this activity may be used by The University of Tasmania (in any form of media) for activities associated with or incidental to this initiative including promotion. By signing this form you consent to the use and disclosure of those images, including any disclosure outside Tasmania and without any form of payment to you.

All personal and health information will be managed in accordance with the Personal Information Protection Act 2004, and the University of Tasmania's Personal Information Privacy Policy. For more information on how your information is being used or stored by the Active Launceston Program, or to access your information, visit the University's website at utas.edu.au or contact the University on 6324 4047

I would like to receive information on future Active Launceston and physical activity initiatives (please circle) YES NO

Move More, Live More!

GROUP HEALTH INFORMATION

FULL NAME OF PARTICIPANT	GENDER	AGE/DOB	SUBURB	MEDICAL CONDITIONS AND OR ALLERGIES THAT INSTRUCTORS SHOULD BE MADE AWARE OF	COUNTRY OF BIRTH	LANGUAGE/S SPOKEN AT HOME	ETHNICITY (I.E LIBERIAN, BURMESE ETC.)
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Please note all adults (teachers/ teacher aides/ parent helpers etc) are required to fill out their own individual insurance and health check form.