



Extra-Curricular Activity Authorisation Form

Date.....

Child(ren)s name.....

Activity attending.....

Activity Location

☐ Onsite Activity Location

☐ Offsite Activity Location

Name and Contact details of Person / Organisation managing the
activity.....

Please write times the child will not be in care

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning:	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning:	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning:
After School	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning:	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning:	<input type="radio"/> Leaving at <input type="radio"/> Returning at <input type="radio"/> Not returning:

- ☐ I accept that Activity Centres Inc. Educators are happy to remind my child(ren) to attend the extra-curricular activity but will not be held responsible if my child does not want to go when reminded.
- ☐ I accept that my child(ren) attending an Extra-Curricular Activity during OOSH sessions will not be under supervision of Activity Centres Inc. Educators.
- ☐ I understand that Activity Centres Inc. Educators are not responsible for my child while they are not in OOSH care.
- ☐ I accept that if I collect my child directly from Extra-Curricular Activity when they would usually return to OOSH, I need to notify the Service and inform them they will not be returning and sign them out of Attendance Record.

Parent / Authorised Nominee..... Signature.....

Coordinator Name.....Signature.....