



BOXING AUSTRALIA
PARTICIPATION CONSENT FORM – BOXER OR PARENT GUARDIAN

Participants Details: To be completed by the participant or the parent/guardian. *PLEASE USE CAPITALS*

First Name	Surname	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Is child of Aboriginal or Torres Strait Islander origin? (circle one)	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Details: To be completed by the Parent/Guardian. *PLEASE USE CAPITALS*

Parent/Guardian First Name	Parent/Guardian Surname	Relationship to participant
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address		
<input type="text"/>		
Suburb/town	Postcode	State/Territory
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Number		
<input type="text"/>		

Consent/Authority to participate in Boxing Australia's Futures Program

1. As the parent or legal guardian of the child/ren named above (**my child/ren**), I give my permission for my child/ren to participate in the Boxing Australia Futures Program
2. I agree to release Boxing Australia (**BAL**) from any liability to my child/ren or myself in relation to any injury or illness that my child/ren may suffer, and for loss or damage to property, in connection with the activities, except to the extent that liability arises as a result of the negligence of the BAL.
3. I acknowledge and agree that the Futures Program collects personal information for the purposes of conducting the activities, and that the Futures Program may provide this personal information to the BAL for the purposes of the BAL administering, evaluating and reporting on the "BAL Futures" program.
4. I give my permission to the supervisors of the activities appointed by the Futures Program to implement the Futures Program code of conduct and/or take other reasonable measures to ensure the successful conduct of the activities and safety and well-being of the activity participants.
5. In the event of any injury or illness to my child/ren, I authorise the supervisors to apply or arrange first aid and to arrange examination by a registered medical practitioner and, if contact with me is impracticable or impossible, to arrange whatever medical treatment the registered medical practitioner considers necessary at that time. I will pay all medical expenses incurred on behalf of my child/ren.
6. I have provided all information necessary for the supervisors to plan safe participation by my child/ren in the activities, including, if relevant, details of any activities that my child/ren should not participate in or that should be modified for my child/ren due to medical or other reasons.

Film & Photographic Consent & Release

I, as named above, consent to the Boxing Australia ('BAL'), and its agents (including without limitation, any photographer, interviewer, creative agency or media organisation) recording images of me at the Event identified above, for promotional purposes.

I consent to these images being used and disclosed to any person or organisation approved by BAL, including without limitation, by publishing them as part of a book, poster, brochure or report, newspaper advertisement or article, television advertisement or program, radio advertisement or program and including on the world wide web or any other media.

I agree that the BAL and its agents may edit the images prior to publication, as they consider appropriate, without first consulting me.

I have read, understood and agree to the above terms and conditions.

Name

Signed

Date

D	D
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M	M
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Y	Y	Y	Y
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