YOUNG PERSON PAINTBALL CONSENT

ACT Firearms Act 1996 - Section 15

You are required to provide 100 points of identity with this consent form.

1. PARTICIPANT DETAILS

Please Use BLOCK LETTERS in dark pen only.

The participant to complete.

This application must be personally lodged with the paintball range official and signed by a responsible adult.

As defined in the Firearms ACT 1996 a responsible person is an adult with parental responsibilities for the participant.

PARTICIPANT DETAILS

Surname

Given Name(s)

Date of Birth dd mm yyyy

Have you been known by any other names?
If yes, please provide details: Yes No

Previous Surname

Previous Given Name(s)

RESIDENTIAL DETAILS

Street Number

Street Name

Suburb

State Post Code

POSTAL ADDRESS (if different from above)

Street Number

Street Name

Suburb

State Post Code

CONTACT DETAILS

Home Work

Mobile Fax

E-mail

2. PERSONAL HISTORY

The participant to complete.

Do you have any physical and/or mental disability which may render you unfit to use or be in possession of a paintball marker?

Yes No

If yes, please provide details:

AFP
AUSTRALIAN FEDERAL POLICE

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3. PERSONAL HISTORY

The participant to complete.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

Have you ever suffered or received treatment for any of the following:

Mental and or emotional illness?	Yes ☐	No ☐
Excessive alcohol consumption?	Yes ☐	No ☐
Illicit drug use or dependence?	Yes ☐	No ☐
Fits, blackouts or dizziness?	Yes ☐	No ☐
Serious head injuries?	Yes ☐	No ☐
Any other condition not previously mentioned?	Yes ☐	No ☐

If you answered yes to any of the above questions please provide details:

4. RESPONSIBLE PERSON DETAILS

The responsible person to complete.

For a young person to be allowed to participate in any paintball activities a responsible person must authorise the young person to use and handle paintball markers.

As defined in the Firearms ACT 1996 a responsible person is an adult with parental responsibilities for the applicant.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

RESPONSIBLE PERSON DETAILS

Surname

Given Name(s)

RESIDENTIAL DETAILS (As recorded on the Electoral Roll)

Street Number

Street Name

Suburb

State

Post Code

CONTACT DETAILS

Home

Work

Mobile

Fax

E-mail

What is your relationship to applicant? Parent ☐ Guardian ☐

5. EMERGENCY CONTACT DETAILS

Responsible person to complete.

EMERGENCY CONTACT DETAILS

Surname

Given Name(s)

Phone

Alternative phone

AFP
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6. RESPONSIBLE PERSON DECLARATION

The responsible person to complete.

RESPONSIBLE PERSON DECLARATION

DECLARATION
I declare that I have parental responsibility for the applicant and authorise the participant to participate in paintball activities on the ☐☐☐☐☐☐☐☐ at ☐ (paintball range)
dd mm yyyy

I declare that the answers the participant and I have given on this application are true and correct to the best of my knowledge and that the participant is 16 years of age or older. I also agree that the AFP is not liable for any accident or injury that may occur during the paintball activity.

☐ ☐☐☐☐☐☐☐☐
Signature of person making the declaration dd mm yyyy

7. PARTICIPANT DECLARATION

The participant to complete.

PARTICIPANT DECLARATION

DECLARATION
I declare that the answers I have given are true and correct to the best of my knowledge.

☐ ☐☐☐☐☐☐☐☐
Signature of person making the declaration dd mm yyyy

Paintball Range Use Only.

Date of Participation ☐☐☐☐☐☐☐☐
dd mm yyyy

ID Verification - Young Person

ID Type ACT Firearms Licence ☐ Drivers Licence ☐ Passport ☐ Other ☐

ID Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID Verification - Responsible Person

ID Type ACT Firearms Licence ☐ Drivers Licence ☐ Passport ☐

Primary ID Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Secondary ID ☐

PARTICIPATION APPROVED ☐ PARTICIPATION NOT APPROVED ☐ ☐☐☐☐☐☐☐☐
dd mm yyyy

☐ ☐
Signature of Paintball Range Official Range Stamp

AFP
AUSTRALIAN FEDERAL POLICE

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ADDITIONAL INFORMATION