paintball SPORTS ACT

LOW IMPACT PAINTBALL GAME PERMISSION FORM

RESPONSIBLE PERSON'S DETAILS

1	FAMILY NAME/S	
2	FIRST NAME	
3	RELATIONSHIP TO PARTICIPANT	PARENT / LEGAL GUARDIAN
4	DATE OF BIRTH	/ /
5	ADDRESS	
6	PHONE	

PARTICIPANT'S DETAILS

7	FAMILY NAME/S	
8	FIRST NAME	
9	DATE OF BIRTH	/ /
10	ADDRESS	

PARTICIPANT'S HEALTH

Has the participant ever suffered from or received treatment for any of the following?

11	MENTAL AND OR EMOTIONAL ILLNESS	YES / NO
12	FITS, BLACKOUTS, OR DIZINESS	YES / NO
13	SERIOUS HEAD INJURIES	YES / NO
14	ANY OTHER CONDITION NOT MENTIONED ABOVE	YES / NO

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

15	DATE OF PARTICIPATION	/ /

DECLARATION OF PARENTAL RESPONSIBILITY AND CONSENT TO ALLOW THE PARTICIPANT TO PARTICIPATE IN LOW IMPACT PAINTBALL

I the Responsible Person declare that I have parental responsibility for the participant. Having made myself fully aware to my complete satisfaction of what participation in low impact paintball games at Paintball Sports ACT entails, I the Responsible Person, believe that it is safe for the Participant to participate in low impact paintball (having regard to the physical nature of the game and the information disclosed in Items 7 to 10 above) and consent to allow the participant to play low impact paintball at Paintball Sports ACT.

RESPONSIBLE PERSON'S SIGNATURE	
DATE	/ /

Dear .....

..... is having a birthday party at

Paintball Sports ACT, and you're invited!

Date: .....

From: ..... To: .....

RSVP to: ..... RSVP by: .....

⚠ Make sure you wear shoes (no thongs or sandals) ⚠

Paintball Sports ACT

Fairbairn Pines, 625 Pialligo Avenue, Majura ACT

(02) 6258 8238 paintballsportsact@gmail.com

www.paintballs.com.au