



To be completed and signed (by the Parent or Guardian of any minor) and presented to a representative of Tauranga Airsoft Club Incorporated PRIOR to the minor being permitted to take part in ANY combative or non-combative role at any event organised by Tauranga Airsoft Club Incorporated.

**The Parent or Guardian must also sign the Release of Liability Waiver on behalf of the minor at the event.**

By signing I declare that I am the Parent or Legal Guardian of the minor detailed below and I give permission for this minor to take part in events organised by Tauranga Airsoft Club Incorporated.

I will not hold Tauranga Airsoft Club Incorporated, it's associates/organisers or the site/field/landowner responsible for any injuries, loss of life, loss or damage to equipment.

In the event of illness, having parental responsibility for the minor detailed below, I give permission for medical treatment to be administered where considered necessary by a nominated first aid provider or by suitably qualified medical practitioners.

If I cannot be contacted and the minor should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I declare that I fully understand the conditions of this consent form.

NAME OF MINOR

AGE \_\_\_\_\_ DOB \_\_\_\_\_ MALE / FEMALE /  
OTHER (Please circle one)

HOME ADDRESS

PARENT / GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP TO  
MINOR \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ALTERNATIVE  
PHONE \_\_\_\_\_

ADDRESS (If different to above)

SECONDARY CONTACT PERSON \_\_\_\_\_ RELATIONSHIP TO  
MINOR \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ALTERNATIVE  
PHONE \_\_\_\_\_

ADDRESS (If different to above)

NAME OF G.P. \_\_\_\_\_ G.P.

PHONE \_\_\_\_\_

Details of any known allergies, medical conditions or medication being taken.

Any other special needs and information that Tauranga Airsoft Club Incorporated should be made aware of

PARENT / GUARDIAN SIGNATURE

DATE