

Extra Curricular Activities Authority Form



Submit the signed and completed form to:

1. WSACC Manager; or
2. Scan and email to WSACCINC@bigpond.com.au.

Child(ren) Name(s)						
Activity						
Frequency (Please circle)	Once Off	Term 1	Term 2	Term 3	Term 4	Ongoing



Please Note:

1. I authorise for my child(ren) to leave the care of WSACC to participate in the extracurricular activity as specified above.
2. I acknowledge that these extracurricular activities are not supervised by WSACC staff and release WSACC from responsibility for my child(ren) whilst at this activity.
3. I understand that WSACC will resume responsibility for my child(ren) at the conclusion of this activity unless the child(ren) have been signed out of care by an authorised person.
4. **All children must sign into care** before going to activities and must be signed out of care prior to leaving for the day.

Start Date of Activity		Day of Activity	
Start Time		Finish Time	

Signed: _____ Date: ____/____/____