

Permission Form

Teenz Connection  
Water Fire Festival

Participant Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Phone (Home) (\_\_\_\_) \_\_\_\_\_

Participant Mobile: \_\_\_\_\_

**Parent/Guardian**

Name: \_\_\_\_\_

Emergency Contact No.s /name \_\_\_\_\_

**Disclaimer (parent/legal guardian)**

I \_\_\_\_\_ give permission for my son/daughter to participate in the **Teenz Connection** activity. I acknowledge that participation of the child in the program comes with risks and potential hazard. I therefore release AFC Inc and their officers, directors, volunteers, employees and sponsors of any liability resulting from injury or death during the program and related activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPANTS:**

NAME	Age	Country of Origin	\$ Fee
Anton Example	15	Chile	20.00
Total			

Method of Payment: *Please tick*

- Cash on the day**
- Cheque enclosed** (Make cheques payable to: Australian Families for Children Inc.)
- Credit Card** (Visa or Mastercard only)

Card No:

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_ / \_\_\_ Amount: \$ \_\_\_\_ . \_\_\_\_

Signed: \_\_\_\_\_

- Direct Deposit To:** Westpac Rose Bay  
BSB 032 058 Account Number: 19 1977  
Account Name: Australian Families for Children Inc

**Australian Families for Children Inc.**  
 P.O Box 7420  
 Bondi Beach NSW 2026  
 Ph: (02) 9314 2072  
 Fax: 93142074  
**Contact: Adam Brisson**  
 0411 421007  
[adam@australiansadopt.org](mailto:adam@australiansadopt.org)



Australian Families for Children