

## Child's information

First name:	Family name:		
Child date of birth: DD / MM / YYYY	Gender: Male	Female	Gender diverse
Is this the first time your child has joined this activity provider?	Yes	No	
What is the cost to participate in this activity?			
Has your child been identified as living with a disability?	Yes	No	
Is English the main language spoken at home?	Yes	No	
If no, what language do you speak at home?			
Is your child from an Aboriginal or Torres Strait Islander background?	Yes	No	

## Medicare information

Medicare number:	Reference number:
OR Australian visa number:	

## Parent/Guardian information

First name:	Family name:		
Street address:		Suburb:	
Postcode:	Contact number:		
Email:			

An email notification may be sent to the above email address (assuming it is correct) advising the authorisation of the voucher used for your child

To be presented at an approved Sports Voucher provider. To find your nearest provider or for more information please visit [sportsvouchers.sa.gov.au](https://sportsvouchers.sa.gov.au). Not redeemable for cash, only a reduction to membership/registration fees. Redemption value not to exceed 2 x \$100.00. In presenting this voucher I give permission to the Sports Voucher provider to share my information with the Office for Recreation, Sport and Racing (ORSR). The ORSR may share de-identified information with third parties (eg other agencies of government, research institutions, etc) to improve the administration, outcomes or effectiveness of the Program.