

**REGISTRATION  
REQUIRED!**



**RUMBALARA**  
ABORIGINAL CO-OPERATIVE LTD.

# **YALKA**

## **ACTIVITIES**

### **PROGRAM**



**FUN ACTIVITIES DURING THE SCHOOL HOLIDAYS!**

# **APRIL 2023**

**CALL JUSTICE AND COMMUNITY SERVICES 5820 0010**

**PARENTS/GUARDIANS MUST FILL OUT A MEDICAL FORM TO BE REGISTERED**



# YALKA ACTIVITIES PROGRAM



## MOVIES & BOWLING

**11th April 2023**

7 - 12 age group

*\*Arrive at Cinema 9:15am*

Max participants: 30

**12th April 2023**

13 - 17 age group

*\*Arrive at Cinema 9:15am*

Max participants: 30

## GOLD MINES BENDIGO

**14th April 2023**

7 - 12 age group

Arrive: Queens Garden 7:30am sharp

Pickup: Queens Garden 4:00pm

Max participants: 15

## MANSFIELD ZOO

**18th April 2023**

7 - 12 age group

Arrive: Queens Garden 8:00am

Pickup: Queens Garden 4:00pm

Max participants: 25

## FUN FIELDS

**20th April 2023**

13 - 17 age group

Arrive: Queens Garden 7:00am

Pickup: Queens Garden 4:30pm

Max participants: 20

CALL JUSTICE AND COMMUNITY SERVICES 5820 0010

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## Parental Consent Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Which activity your child would like to attend:

\_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_ Mobile \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Details:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Tel no (home) \_\_\_\_\_ (mobile/work) \_\_\_\_\_

Medical information:

Name of Doctor \_\_\_\_\_ Tel No \_\_\_\_\_

Does your child suffer from any condition requiring medical treatment including medication?

If yes please specify \_\_\_\_\_

Does your child have any dietary requirements?

If yes, please specify \_\_\_\_\_

**I give permission** for my child to take part in the activities provided by Rumbalara and for the information to be held and used by Rumbalara Aboriginal Co-Operative.

**I give permission** for Rumbalara to use photo/video footage taken during the activities for promotional purposes such as social media, resources and/or presentations of our work.

**I give permission** for medical attention to be sought in case of emergency.

**I understand** that Rumbalara cannot take responsibility if your child does not abide within the Rules.

Dated \_\_\_\_\_ Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Full Name \_\_\_\_\_

**Complete registration form and return to Justice Services, 368-370 Wyndham Street Shepparton**

