Stadium Authorisation Form

Reason for Attendance at the Stadium.	• Programmed Stadium Activities • Supervised Casual Use of Facilities • Incursions • Evacuation Drills
Stadium Attendance Schedule.	Monday ☒ Tuesday☒ Wednesday☒ Thursday ☒ Friday ☒ *Note: Children may attend the stadium throughout the week, depending on daily availability and scheduling.*
Location and Stadium Destination.	**From:** SLOOSH KIDSCARE **To:** Michael Wenden Aquatic Centre – **Stadium Area** **Address:** 62 Cabramatta Road, Miller, NSW 2168
Mode of Transportation to Stadium.	Children will walk in individual groups accompanied by staff, always maintaining a 1:15 staff-to-child ratio.
Time of Stadium Attendance.	**Before School Care (BSC):** 8:00 AM – 8:25 AM **After School Care (ASC):** 3:30 PM – 4:30 PM **Vacation Care:** 9:00 AM – 5:30 PM **Duration of Activities:** Approximately 30 minutes to 1 hour
Expected Number of Children at the Stadium.	**BSC:** Up to 20 children **ASC:** Up to 40 children **Vacation Care:** Up to 60 children *Note: Numbers may vary depending on staff ratios and events such as planned vacation care activities, incursions or evacuation drills.*
Supervision Ratio.	Children will be always supervised with a **1:15 Staff-to-Child Ratio**.
A risk assessment has been prepared and is available at the Service.	

I, _____ (Parent/Guardian Name), hereby give permission for my child to participate in programmed and casual activities in the Stadium of the Michael Wenden Aquatic Centre under the supervision of SLOOSH KIDSCARE educators. I understand the supervision ratios and the method of transportation.

This authorisation will be valid for transportation to and from the location/destination for stadium visits that the Service conducts regularly as part of its educational program, where the circumstances relevant to the risk assessment remain substantially the same for each outing.

Childs Name: _____

Signature Parent / Guardian _____ Date Signed _ _/_ _/_ _

Signature Parent / Guardian _____ Date Signed _ _/_ _/_ _