



Letter of Consent



ORGANISATION	
SPORT	
EVENT & AGE CLASS	
TEAM NAME if applicable	

I hereby give permission for _____
to compete in the NSW Corporate Games Name of entrant (Print)

Further I understand that I must accompany this person, who, before going to their sport, is required to bring their Entry Confirmation & Games ID (with their photo attached) in person to one of the Games Registration SuperCentres, and that I will sign the Games 'Waiver of Liability' on their behalf.
Entry Confirmation & Games ID will be sent only after a completed Entry Form, payment and a letter of consent has been recieved by the Games.

Authorised by Parent Legal Guardian

Name _____ Contact # _____

Signature _____ Date _____

Return before the Entry Deadline, to Diabetes Australia-NSW via fax on 02 9552 9992 or attach to your completed Entry Form



OFFICE USE ONLY

Date _____ CRM _____

By _____

