



# Norfolk Island Health and Residential Aged Care Service – Health and Wellbeing

## Norfolk Island Active Kids Registration Form

### Child's Details (Please complete a new form for each child)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last*

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

Date of Birth: \_\_\_\_\_

Is your child currently enrolled at the NICS?      YES      NO  
     

How many hours does your child currently participate in outside of school physical activity?      0 – 1 hour      2 - 4 hours      5 or more hours  
           

### Parent/Guardian/Carer Details

Name: \_\_\_\_\_  
*First Last*

Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Consent

Do you give NI Active Kids permission to contact NICS to check enrolment status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you give NI Active Kids permission to contact you as part of the evaluation of NI Active Kids?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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### Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that by signing this form you acknowledge that your child's NI Active Kids voucher can only be used for one registered sport/activity provider in the valid period indicated on the voucher