

YOUNG PERSON PAINTBALL CONSENT

ACT Firearms Act 1996 - Section 15

3. PERSONAL HISTORY

The participant to complete.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

Have you ever suffered or received treatment for any of the following:

Mental and or emotional illness? Yes No Excessive alcohol consumption? Yes No Illicit drug use or dependence? Yes No Fits, blackouts or dizziness? Yes No Serious head injuries? Yes No Any other condition not previously mentioned? Yes No

If you answered yes to any of the above questions please provide details:

4. RESPONSIBLE PERSON DETAILS

The responsible person to complete.

For a young person to be allowed to participate in any paintball activities a responsible person must authorise the young person to use and handle paintball markers.

As defined in the Firearms ACT 1996 a responsible person is an adult with parental responsibilities for the applicant.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

RESPONSIBLE PERSON DETAILS

Surname Given Name(s)

RESIDENTIAL DETAILS (As recorded on the Electoral Roll)

Street Number Street Name Suburb State Post Code

CONTACT DETAILS

Home Work Mobile Fax E-mail What is your relationship to applicant? Parent Guardian

5. EMERGENCY CONTACT DETAILS

Responsible person to complete.

EMERGENCY CONTACT DETAILS

Surname Given Name(s) Phone Alternative phone

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6. RESPONSIBLE PERSON DECLARATION

The responsible person to complete.

RESPONSIBLE PERSON DECLARATION

DECLARATION

I declare that I have parental responsibility for the applicant and authorise the participant to participate in paintball activities on the at (paintball range)
dd mm yyyy

I declare that the answers the participant and I have given on this application are true and correct to the best of my knowledge and that the participant is 16 years of age or older. I also agree that the AFP is not liable for any accident or injury that may occur during the paintball activity.

Signature of person making the declaration

dd mm yyyy

7. PARTICIPANT DECLARATION

The participant to complete.

PARTICIPANT DECLARATION

DECLARATION

I declare that the answers I have given are true and correct to the best of my knowledge.

Signature of person making the declaration

dd mm yyyy

Paintball Range Use Only.

Date of Participation
dd mm yyyy

ID Verification - Young Person

ID Type ACT Firearms Licence Drivers Licence Passport Other

ID Number

ID Verification - Responsible Person

ID Type ACT Firearms Licence Drivers Licence Passport

Primary ID Number

Secondary ID

PARTICIPATION APPROVED PARTICIPATION NOT APPROVED

dd mm yyyy

Signature of Paintball Range Official

Range Stamp



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ADDITIONAL INFORMATION

A series of horizontal dotted lines for providing additional information.