

Parental/guardian permission for registrants under 16 years of age

This form needs to be completed by the parent/guardian of any registrant who will be under the age of 16 on 4 April 2022. It must be submitted for an application by that registrant to take part in Game Day to be complete and an Authority to Fundraise issued or be valid going forward.

National Breast Cancer Foundation (NBCF) takes the safety, privacy and wellbeing of children and young people very seriously and your signed permission is necessary for NBCF to comply with our Child Protection Policy.

For your child/a child in your care to take part in Game on Breast Cancer, your permission is needed for NBCF staff to:

Make direct contact with your child/a child in your care via email or phone (inc. by SMS) during the campaign period 4 April – 31 May 2022.

If you have any questions or concerns you may contact Liam Calder, Game Day Community Fundraising Manager on 02 8098 4820 or via email at liam.calder@nbcf.org.au.

Your Privacy

At National Breast Cancer Foundation, we recognise the importance of your privacy and personal information. Our Privacy Policy is available on our website at www.nbcf.org.au/privacy.

You may contact our privacy officer with any queries via email: info@nbcf.org.au or mail: PO Box 4126 Sydney NSW 2000 or telephone: 1300 708 763.

This information will be stored securely on NBCF's database.

Please tick the appropriate boxes below:

- I have read the information provided above regarding the application of my child/a child in my care to participate in Game Day 2022.
- I consent for NBCF staff to make phone/email contact with my child/a child in my care during the campaign period 4 April – 31 May 2022 for the purposes of promotion and fundraising support.



Parental/guardian permission for registrants under 16 years of age

I would like emails relating to Game Day to be directed to my email address.

| Game Day Participant's details | |
|--------------------------------------|--|
| Child/child in care's name: | |
| Child/child in care's date of birth: | |
| Parent or guardian's name: | |
| Relationship to this child: | |
| Parent or guardian's contact details | |
| Phone: | |
| Email address: | |
| Parent or guardian's signature: | |
| Date: | |

Please provide this information to NBCF by mail to PO Box 4126 Sydney NSW 2000 or by scanned or photographed image to gameon@nbcf.org.au.

Please note that any existing Authority to Fundraise issued for an application to participate in Game Day for a child or young person under the age of 16 without a completed version of this form is rendered null and void.

