Dear Parent/Guardian

Thank you for your interest in the Department of Primary Industries (DPI), Tweed Heads, Fishing Workshop, on the 24th of August, which will be held at Ray Pascoe Park on Norman St, Tweed Heads (see green arrow on attached map). The duration of the workshop is from 9:00am until 1.00pm. Please ensure you drop children off at the park in person by 8.45am and promptly pick up at 1.00pm.

The workshops are for children aged 8 to 14 years. As outlined over the phone, all participants must have swimming ability as we fish in the vicinity of water (i.e. ponds, rivers and bays). No previous fishing experience is necessary as there will be both practical and theory sessions on the day.

We ask that you provide an emergency telephone contact number for the day of the workshop. If possible, a mobile phone is preferred; please ensure you provide these details in the booking form. Please ensure you note my mobile number 0458 274 876, and keep this handy for any emergencies which may arise on the day of the workshop.

Please pack lunch and a drink for your child. Please note, peanut based products are banned from DPI Fishing Workshops and must not be packed in lunches in case of allergies. If a child has any medical condition that may require medication, we will need written instructions and a release signed by you (eg asthma relievers, epi-pens).

There is a $40 charge for the day per participant. Payment is to be made prior to the day of the fishing workshop by cheque or credit card. Please fill in these details on the booking form. Please ensure you take home a good quality rod and reel, tackle kit, T-shirt and wide brim hat. Please fill in the following forms and return them to me within 2-3 days of receipt:

<table>
<thead>
<tr>
<th>1</th>
<th>Payment form</th>
<th>3</th>
<th>Parental Consent Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Photographic Release Form</td>
<td>4</td>
<td>FORM DPC (only if you disagree with photos)</td>
</tr>
</tbody>
</table>

* Those parents/guardians whom do not give consent for photos to be taken of their child, you must read, sign and agree to the conditions outlined on the DPC FORM which is enclosed. If consent is not given for photos, payment for you to attend the workshop can only be permitted if the DPC FORM is completed in its entirety. Please also note the conditions of signing this form ie shirt colour to be worn etc.

Please ensure the enclosed forms are all returned to me via, email, fax or mail by the 23rd of August. Remember slip, slop, slap and prepare for inclement weather. Enclosed in shoes are essential.

Regards,

Milan Duwenhogger-Lange
Education Officer North
Ph: 02 6626 1831 M: 0458 274 876
E: milan.duwenhogger@dpi.nsw.gov.au
TO THE TWEED HEADS WORKSHOP ORGANISERS:

- As parent/guardian I give consent for the child/ren named below to attend the Tweed Heads fishing workshop on the 24th of August.
- The child/ren is/are aged 8-14 years and has the ability to swim a minimum of 25m.
- I understand that the organisers have the right to contact me and require the collection of the child/ren if their conduct or behaviour is unsatisfactory or disruptive.
- I undertake to accept responsibility for their prompt and safe collection from the workshop venue by either myself or another person to whom I have given written authorisation (written consent must be provided to Department of Primary Industries (DPI) prior to the workshop).
- I also give consent for medical treatment to be provided at my expense in the case of emergency, and I detail below medical/allergy problems of which the organisers should be aware.
- I also agree that while recognising that every effort will be made to safeguard the child/ren and their property, the organisers cannot be held responsible.
- Workshops are run by trained DPI staff and volunteers who have been screened and determined suitable for child related roles.

PLEASE ENSURE YOU FILL IN BELOW (Details to be used by DPI only, not for distribution elsewhere)

<table>
<thead>
<tr>
<th>#</th>
<th>Name of Child</th>
<th>Age</th>
<th>Sex M/F</th>
<th>Allergies/Medical Problems</th>
<th>Can Swim 25m (Y/N)</th>
<th>T-Shirt Size</th>
</tr>
</thead>
<tbody>
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*Children from the same family may be entered on this form. However, if the child's SURNAME differs from that of the parent/guardian please indicate.

I HAVE READ THE ABOVE CONDITIONS AND AGREE

Name of parent/guardian (Please use block letters): ________________________________

Street # / Street: ________________________________ Suburb/town: ________________________________

State: __________________________ Postcode: __________________________

Emergency Ph Mob __________________________ Emergency Ph Hm __________________________

Child Doctors Name: __________________________ Doctors Phone: __________________________

I agree to above conditions (circle) Yes No Signature: __________________________

Email __________________________ Date: __________________________

IMPORTANT: For the safety of the children and the peace of mind of the organisers, all children MUST be delivered to and picked from Ray Pascoe Park on Norman St, Tweed Heads. Please fax, email or mail this form back as per details on the attached letter.
PAYMENT FORM
FISHING WORKSHOP

Payment Details for the Tweed Heads fishing workshop, on the 24 of August, at Ray Pascoe Park on Norman St, Tweed Heads.

Please fill in below

<table>
<thead>
<tr>
<th>Child Name(s) (block letters):</th>
<th>Today’s Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address:</td>
<td>Suburb/Town</td>
</tr>
<tr>
<td>State:</td>
<td>Postcode</td>
</tr>
<tr>
<td>Phone Home:</td>
<td>Phone Mob:</td>
</tr>
<tr>
<td>Emergency Contact (EC) Name</td>
<td>EC Number</td>
</tr>
</tbody>
</table>

$40 per participant

<table>
<thead>
<tr>
<th>Number Attending:</th>
<th>Total Price:</th>
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</table>

Payment Option 1

I enclose a cheque for $ payable to the Department of Primary Industries

Please ensure you attach the cheque to this document

Payment Option 2

Please debit my credit card account (please tick) Visa [ ] MasterCard [ ]

For the amount: $ Expiry Date Verification number (3 digits)

Credit Card Number:

Cardholder name Signature:

Please fax, email or mail this form back as per the details on the attached letter.

Regards,

Milan Duwenhogger-Lange
Education Officer North
Ph: 02 6626 1381 M: 0458 274 876
E: milan.duwenhogger@dpi.nsw.gov.au

2 August 2013
Photographic Release Form

This form is used by NSW Department of Primary Industries (NSW DPI) to obtain your permission to publish a photograph that you appear in.

BRIEF DESCRIPTION OF THE PHOTOGRAPH/S

[Blank lines for description]

CONDITIONS OF USE

NSW DPI may:

- Use the photographs in any way it chooses. This includes distorting, blurring or altering the images as needed.
- Produce the photographs in either colour or black and white.
- Use and reuse the photographs for an unlimited time at no further cost to the Department.
- Transfer or supply the images to another agency of the State of New South Wales without further permission.
- Copyright of the photographs will be held by the State of New South Wales and will be managed by NSW DPI.

NSW DPI undertakes not to use the photographs in a derogatory or otherwise inappropriate manner.

If you are prepared to have your name used in association with the photographs, please tick the box below. Note this is not an undertaking by NSW DPI to use your name at any time the photographs are used.

☐ I give my consent to the use of my name in association with the photographs.
☐ No, I do not give my consent to the use of my name in association with the photographs.

AGREEMENT

I have read and understood this release form and agree to the terms as shown. (The form must be signed by a parent or guardian when the person concerned in this clearance is under the age of 18 years.)

Your name: 

Your address: 

Signature: 

Date: 

[Blank lines for signature and date]
ONLY FILL OUT THIS FORM IF YOU DO NOT AGREE WITH PHOTOS BEING TAKEN OF YOUR child.
*this will mean your child will need to fish away from other participants to ensure they are not captured in photos*

TO THE TWEED HEADS WORKSHOP ORGANISERS:

As a Parent/guardian, of the child/ren named below, who will be attending the fishing workshop on the 24th of August I have refused approval of photo’s being taken.

<table>
<thead>
<tr>
<th>Your Childs Name</th>
<th>Age</th>
<th>Sex (M/F)</th>
</tr>
</thead>
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</table>

TO THE PARENT/GUARDIAN

- To minimise risk, the child/ren listed above will not be given workshop shirts/hats until the end of the day, this ensures the child/ren can be identified as a no consent photo child/ren.
- To minimise risk, the child/ren listed above will only be permitted to attend the workshop if they arrive wearing a shirt and hat in a bright colour of either, yellow, green, orange or pink. These colours have been chosen as they greatly contrast with the workshop shirts and hats which are navy in colour.

AS PARENT/GUARDIAN

- I understand that as I am permitting my child/ren listed above to attend a public place whereby photos using zoom lenses from persons outside the workshop may be able to take photos and that this is not the responsibility/fault of Department of Primary Industries NSW and its staff.
- I understand that it is my responsibility to explain to the child/ren listed above that:
  1. It is my decision (not staff) that they are not permitted to have there photo taken.
  2. They will not be given a hat and shirt at the commencement of the day.
  3. They are not permitted in photos; this includes the end of day group photo.
- I understand that it is my responsibility to ensure my child/ren listed above arrives wearing a hat and shirt in bright colours of, yellow, green, orange or pink. This enables the workshop staff to easily identify the child/ren listed above, not permitting them in group shots or in the background of individual shots.
- I understand that if the above is not adhered to, my child/ren may be declined entry to the workshop.

DPI fishing workshops are run by trained DPI staff and volunteers who have been screened and determined suitable for education related roles.

I HAVE READ THE ABOVE CAREFULLY AND AGREE

Name (block letters): __________________________ Date: ______________
Postal Address: __________________________ Suburb/Town: __________________________
State: __________________________ Postcode: ______________
Phone Home: __________________________ Phone Mob: __________________________
Signature of Participant: __________________________