



Child's information

First Name	Family Name								
Child date of birth	DD	/	MM	/	YYYY	Gender	Male	Female	Gender Diverse
Is this the first time your child has joined this activity provider?									
What is the cost to participate in this activity?									
Has your child been identified as living with a disability?									
Is English the main language spoken at home?									
If no, what language do you speak at home?									
Is your child from an Aboriginal or Torres Strait Islander background?									

Medicare information

Medicare number	Reference number
OR Australian visa number	

Parent/Guardian information

First Name	Family Name
Street Address	Suburb
Postcode	Contact number
Email	

An email notification may be sent to the above email address (assuming it is correct) advising the authorisation of the voucher used for your child

This voucher is for 1 x \$100 OR This voucher is for 2 x \$100

Note: 2 x \$100 vouchers can be combined to put \$200 towards one activity under the same provider. Alternatively, 2 x \$100 vouchers can be split between two different providers where a maximum of \$100 can be put towards each activity. Please indicate using the appropriate tick box above.

To be presented at an approved Sports Voucher Plus provider. To find a registered provider or for more information please visit sportsvouchers.sa.gov.au. Not redeemable for cash, only a reduction or refund of sport, active recreation or music tuition fees. Redemption value not to exceed 2 x \$100. In presenting this voucher I give permission to the Sports Voucher Plus provider to share my information with the Office for Recreation, Sport and Racing (ORSR). The ORSR may share information to the Commonwealth Government for the purpose of validating the identity of a child with Medicare and with third parties (including research institutions or organisations) to improve the administration, outcomes or effectiveness of the program.