

Application For Participation in Junior Development Program

(Form Updated 16/1/2025)

Show Details		
Name of Show		Date of Show
Address of Show (venue)		
Age Group Entering	<input type="checkbox"/> 5 - 12 years	<input type="checkbox"/> 13 - 17 years
Applicant (Child) Details		
First Name		Surname
Residential Address		
Mobile Phone Number	Alternate Phone Number	Date Of Birth (DD/MM/YYYY)
Email Address		
Applicant Signature		
Parent or Legal Guardian Details This section MUST be completed		
First Name		Surname
Mobile Phone Number	Alternate Phone Number	
Email Address		
Address if different from Applicant		
Release And Waiver		
<p>I agree and consent to my child as named above becoming a participant in the Cats NSW Inc Junior Development Program.</p> <p>I hereby release, discharge and waive any suit, action, claim or any other proceeding of any nature that might otherwise be brought against Cats NSW Incorporated or any affiliate, judge, steward, official or any person acting on behalf of Cats NSW Inc regarding any injury or illness arising or alleged to have arisen in any manner whatsoever out of my child's participation in the Cats NSW Junior Development Program.</p> <p>I voluntarily execute this Release and Waiver in full knowledge and appreciation that my child will, during their participation in the program, be exposed to and will handle cats, and will be in show halls in the presence of many people and cats.</p> <p>I also fully understand that the execution of this Release and Waiver is a condition of my child's participation in the program.</p>		
Signature of Parent/Guardian		Date

Cats NSW Junior Development Program Publicity Release

I authorise Cats NSW Inc, the Cats NSW Inc Junior Development program or their assignees to record and/or photograph my child's image and /or voice for use in research, educational programs and promotional programs.

I also recognise that these audio, video, and image recordings are the property of Cats NSW Inc and the Cats NSW Junior Development Program.

I Understand and accept that the use of these audio, video and image recordings is without remuneration or compensation to the applicant nor Their Parent/Guardian

I hereby consent to my child while participating in the Cats NSW Inc Junior Development Program to be recorded and any images and / or recordings used in the manner outlined above.

Signature of Parent/Guardian

Date

	Postage Details		
Post To	The Secretary Cats NSW Incorporated PO Box 478 Belconnen ACT 2616		
Secretary Email Address	secretary@catsnsw.com.au	Website	www.catsnsw.com.au