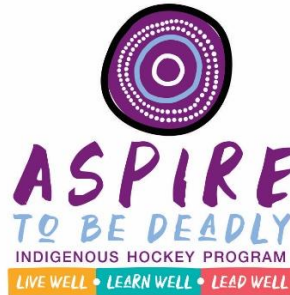


**ASPIRE**  
TO BE DEADLY  
INDIGENOUS PROGRAM



## Apply Now to be part of 2020 Aspire to be Deadly

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Email address \_\_\_\_\_

Phone contact \_\_\_\_\_

Date of Birth \_\_\_\_\_

Team/Club \_\_\_\_\_

Club Contact \_\_\_\_\_

School \_\_\_\_\_

I would like to register to be part of the Aspire to be Deadly Program at Cairns Hockey in 2020. To be eligible for this program, you must identify as an Aboriginal and/or Torres Strait Island person.

If you are from a different cultural or linguistically diverse group – you can apply to be part of the program, please advise which cultural group you identify with here and Cairns Hockey will assess each application on their merits.

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Being part of Aspire to be Deadly means that I will be involved and support the LIVE WELL LEARN WELL LEAD WELL Programs and workshops and be involved in the Aspire Mentor Support Program if applicable.

You may be entitled to assistance and support including limited financial assistance. To be considered for this support, if eligible you must apply for Play Fair vouchers and any proceeds of Play Fair vouchers will be applied to Cairns Hockey Membership Fees and/or

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**Club Membership Fees. Additional support up to a max \$250 will be discussed on an individual basis between parents/club and Aspire to be Deadly**

**If you are in Grade 5 or 6, you will be part of the Safer Streets Cairns Program.**

**Please complete the media release form at the bottom of this form.**

**Your mentors in the program will be Lisa Fatnowna, Lisa Fatnowna and/or Wesley Ferns**

**They can be contacted at 40535400 or via email [lisa.fatnowna@aspirecairnshockey.com.au](mailto:lisa.fatnowna@aspirecairnshockey.com.au)**

**[Jess.fatnowna@aspirecairnshockey.com.au](mailto:Jess.fatnowna@aspirecairnshockey.com.au) [wes.ferns@aspirecairnshockey.com.au](mailto:wes.ferns@aspirecairnshockey.com.au)**

**Parents and Family are welcome to become involved and there are upskilling opportunities if you wish to become a volunteer. If you are interested in this opportunity contact your club contact and together, we will provide training and upskilling to assist.**

**Once involved, more information will be shared as it is confirmed**

**We consent and apply to be part of Aspire to be Deadly at Cairns Hockey**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2020

Name of Participant \_\_\_\_\_

Signature of Parent if Under 18 \_\_\_\_\_

Name of Parent \_\_\_\_\_

Emergency Contact \_\_\_\_\_



## MEDIA CONSENT FORM

I, \_\_\_\_\_, hereby give consent to being filmed, interviewed and photographed by all media during the Aspire Program delivery and I consent to same being used for publication by traditional and/or social media or social media provided CHA Aspire has also given their permission.

DESCRIPTION	CIRCLE THE FOLLOWING
<p>- Filmed and Published:</p> <p>You will be filmed throughout trainings, games and off field activities. Videos will be posted onto our social media accounts such as: Facebook and Instagram to show people how we run our program and the outcomes.</p>	YES/NO
<p>- Interviewed and Published:</p> <p>You will be asked to give feedback before, during and after the event.</p>	YES/NO
<p>- Photographed and Published:</p> <p>You will have their photos taken before, during and after the event in and out of uniform.</p>	YES/NO

Name: \_\_\_\_\_

Date of Birth if under 18 \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent Consent \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_