Government of South Australia
Office for Recreation, Sport and Racing

SPORTS VOUCHERS

CLAIM your $100

One voucher each calendar year for children in Reception to Year 9

I confirm my child has not already claimed a voucher in 2024 ☐

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? Yes ☐ No ☐

What is the cost to register for this activity? _____

Has your child been identified as living with a disability? Yes ☐ No ☐

Is English the main language spoken at home? Yes ☐ No ☐

If no, what language do you speak at home? _____

Is your child from an Aboriginal or Torres Strait Islander background? Yes ☐ No ☐

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

To be presented at an approved Sports Voucher provider. To find your nearest provider or for more information please visit www.sportsvouchers.sa.gov.au.
Not redeemable for cash, only a reduction to membership/registration fees. Redemption value not to exceed $100.00. In presenting this voucher I give permission to the Sports Voucher provider to share my information with the Office for Recreation, Sport and Racing (ORSR). The ORSR may share de-identified information with third parties (eg other agencies of government, research institutions, etc) to improve the administration, outcomes or effectiveness of the Program.