



Application and Permission Form – Under 18 Years of Age

Participant Details

FULL NAME	DOB	AGE	<input type="checkbox"/> Male	<input type="checkbox"/> Female
HOME ADDRESS			POSTCODE	
EMAIL ADDRESS	HOME PHONE	MOBILE		

Course Details

SCHOOL	COURSE DATES FROM	TO	Stage 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
MODE OF TRAVEL	<input type="checkbox"/> School Vehicle <input type="checkbox"/> Public Transport with the School <input type="checkbox"/> Public Transport independently <input type="checkbox"/> With a Parent / Guardian		DEPARTING FROM: DEPARTING FROM: PARENT / GUARDIAN NAME:		

Agreement To be completed by Parent / Guardian

NAME OF PARENT / GUARDIAN	STUDENT PARTICIPANT
CONTACT PHONE NUMBER	DATE
I give permission for my child to attend Wollangarra on the course dates shown above	SIGNATURE
I am aware that while at Wollangarra my child will be participating in the following activities, and give my permission for them to do so: use of a flying fox; overnight hiking; swimming in a river; hobby farming including-animal care, gardening and maintenance; campfire cooking; and other outdoor activities and games.	SIGNATURE
I am aware that the mountain hiking trip has risks and dangers that are greater than those normally faced at school. Those extra risks and dangers may include: Physical exertion for which my child may not be prepared, remoteness, difficult access to normal medical services, weather extremes which can change suddenly and unexpectedly.	SIGNATURE
I give permission for photos taken of my child to be used in the production of Wollangarra's brochures, newsletters and website.	SIGNATURE
I agree to cover the cost of any equipment that is lost or broken by my child due to neglect or abuse.	SIGNATURE
I acknowledge that I have read all the information provided, and that I have completed and attached the Wollangarra medical forms. I also understand that whilst at Wollangarra if my child behaves in any manner that may risk their own or others safety, or is deemed by the staff to be unacceptable, then their participation on the program may be discontinued.	SIGNATURE

Privacy Statement

Wollangarra maintains a commitment to ensuring that all information, including medical details, gathered by the centre, or provided by the group leader, will remain confidential, and will only be used for the purpose for which it was intended.