



Wollangarra Permission Form

Full name:

Date of Birth:

Age:

Home address:

Gender: Male Female Non Defined

Email:

Mobile

Parents

Number:

Mobile

Number:

School:

Course Start

Course

Date:

Finish Date:

Agreement to be completed by Parent or Guardian

I give permission for my child to attend Wollangarra on the course dates shown above

Yes No

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

Yes No

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

Yes No

I give permission for photos taken of my child to be used in the production of Wollangarra's brochures, newsletters and website.

Yes No

I agree to cover the cost of any equipment that is lost or broken by my child due to neglect or abuse.

Yes No

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.

Parent/Guardian name: _____ Date: _____

Signed: _____