

Aoraki Secondary Schools Sport
Elite Sports Academy
“ Parental Consent and Risk Disclosure Form ”

Dear Parent/Guardian

AS not all nomination forms had these essential forms completed I ask you to do so now. It is important that this **Parental consent and risk disclosure** form and the **Health profile** form are **completed by all adult and student participants** in the Aoraki Secondary School Sport Elite Sports Academy, to comply with school health and safety requirements. (thanks to those who had completed it earlier and doing so again now)

The purpose of the forms is to enable the RSD to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximized.

Details on these forms will remain confidential to RSD staff, contractors and volunteers associated with supervising activities on the camp.

For safety reasons, please provide us with information that is accurate and complete.

Please complete this form and give to Bob Pringle upon departure.

School/group: Aoraki Secondary Schools Sport Inc.

Details of event:

Location: Lincoln University, Lincoln.

Start date 24.06.10 Time 3.45pm Finish date 27.06.10 Time 6.00pm

PARTICIPANT INFORMATION FORM

Please complete these details:

Name student ID

Address

E-mail

Telephone		Cell phone	
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Year or class level		Age	
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Form teacher			
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Family doctor's name		Phone	
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Address

Community service card number	
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Medic Alert Number (if applicable)	
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SCROLL DOWN PLEASE

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

1. Name (Emergency contact)

Relationship to participant

Address

Day Phone Evening Phone

Cell Phone

2. Name (Alternative emergency contact)

Relationship to participant

Address

Day Phone Evening Phone

Cell Phone

Parental consent

I agree to my child taking part in the camp and have read the information sheet. I agree to his/her participation in the activities described. I acknowledge the need for them to behave responsibly.

Acknowledgment of risk

I have read the information sheet and I understand that there are risks associated with involvement in the camp and that these risks cannot be completely eliminated. I understand that the RSD will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimize those hazards. I know that I am able to ask any questions of the RSD about the activities my child will be involved in, to gain a better understanding of the risks involved.

I understand that the RSD does not accept responsibility for loss or damage to personal property.

IS THERE ANY OTHER MEDICAL CONDITION THAT I NEED TO BE AWARE OF?

(If YES please outline on the reverse of this form. Many thanks. Bob Pringle)

Print name Signed

To be read and signed by adult participant or parent/caregiver of child participant.

Date

THANK YOU