

Marine Academy Programme

Parental Consent, Emergency Contacts and Risk Disclosure

School/group: MARINE ACADEMY: SCUBA-DIVING

Details of event:

Location: COROMANDEL PENINSULA

Start date: _____

Finish date: _____

PARTICIPANT INFORMATION FORM

Please complete these details:

Name Student _____

Address _____

Home Telephone _____ Student Mobile _____

Year or class level _____ Age _____

Family Doctor Name _____ Telephone _____

Address _____

Community Services Card number _____

Medic Alert number (if applicable) _____

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)Contact 1: Emergency Contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

Contact 2: Alternative contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

To be read and signed by adult assistant or parent/caregiver of child participant.**Parental Consent**

I agree to my child/myself taking part in the EOTC PROGRAMME and have received sufficient information on which to base a decision. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

Acknowledgement of Risk

I have read the EOTC PROGRAMME information and I understand that there are risks associated with involvement in school EOTC programmes and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards. I understand my child will be involved in discussion of safety procedures. I will do my best to ensure that my child follow these procedures.

I know that I am able to ask any questions of the school or Dive Zone about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'* procedure. My child and I both understand that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.

In understand that the school or Dive Zone does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Name: _____

Signature: _____

Date: _____