



Bright P-12 College

P.O. Box 30,
BRIGHT Victoria 3741

PRINCIPAL: Ms. Jean Olley

BCST - Parent Agreement and Consent Form 2018

Student's details:

Name: _____ Date of Birth: ___/___/___ Year Level: _____

Name: _____ Date of Birth: ___/___/___ Year Level: _____

Name: _____ Date of Birth: ___/___/___ Year Level: _____

I hereby consent for my child/children to join the Bright College Snowsports Team (BCST) and abide by the conditions of membership as outlined in the latest Team Charter 2018.

Further, in the event of accident, or illness during any part of the team's activities, when I am not present, I authorise the instructor/supervisor in charge to consent, where impractical to communicate with me, for my child/children to receive medical or surgical treatment as necessary and I accept all medical costs. Such treatment may require transport by Ambulance to further medical attention.

On weekdays and weekends the health, safety and wellbeing of students is the responsibility of the accompanying parent as per the Intention to Ski form.

Parent supervision is compulsory for all participants of the BCST. I understand that a parent must accompany their child/children during free-skiing or snowboarding, before and after lessons.

This consent applies to the entirety of the 2018 training and race season, including all Victorian and Australian Championships.

Family Ambulance Cover: Member No: _____

Valid until: _____

Parent Signature: _____

Email address: _____

Date: _____/_____/_____