

Student's details:

## Bright P-12 College

P.O. Box 30, BRIGHT Victoria 3741 PRINCIPAL: Ms. Jean Olley

## **BCST 2022 - Parent Agreement and Consent Form**

Name:	Date	of Birth://	Year Level:	
Name:	Date	of Birth://	Year Level:	
Name:	Date	of Birth://	Year Level:	
I hereby consent for my child/child conditions of membership as outlin	•		ts Team (BCST) and abide by	the
Further, in the event of accident, or authorise the instructor/supervisor child/children to receive medical of treatment may require transport by	in charge to conse or surgical treatme	nt, where impractical nt as necessary and	to communicate with me, for I accept all medical costs.	r my
On weekdays and weekends the accompanying parent as per the Int	•	-	ents is the responsibility of	the
Parent supervision in the BCST 10 D parent/s to and from the mou skiing/snowboarding before and after the BCST Program and if not add the Executive Officer, Jean Olley.	ntain and also beter lessons. This is	oe supervised by the a Department of Edu	neir own parent/s whilst acation and Training requirem	free nent
This consent applies to the entirety ( Championships.	of the 2022 training	g and race season, inc	luding all Victorian and Austra	ıliar
Family Ambulance Cover:	Member No:			
	Valid until:			
Parent Signature:				
Email address:				
Date:	/	/		