



Bright P-12 College

P.O. Box 30,
BRIGHT Victoria 3741

PRINCIPAL: Ms. Jean Olley

BCST 2019 - Parent Agreement and Consent Form

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 2019.

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 in the BCST 10 Day Program is compulsory. Students must be accompanied by their own parent/s to and from the mountain and also be supervised by their own parent/s whilst free skiing/snowboarding before and after lessons. This is a Department of Education and Training requirement for the BCST Program and if not adhered to puts the BCST Program at risk. Any breaches will be reported to the Executive Officer, Jean Olley.

This consent applies to the entirety of the 2019 training and race season, including all Victorian and Australian Championships.

Family Ambulance Cover: _____ Member No: _____

Valid until: _____

Parent Signature: _____

Email address: _____

Date: ___/___/___