

**Wollangarra Application and Permission Form**  
**For Participants under 18 Years of age**

**Participant's Details**

Full Name: \_\_\_\_\_ Sex: Male / Female  
School: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Course Details**

Dates of Course: From \_\_\_\_\_ to \_\_\_\_\_ Stage 1 / 2 / 3 (Please circle)

Travelling to Wollangarra by:

- School Vehicle
- Public Transport independently from \_\_\_\_\_
- Public Transport with their school from \_\_\_\_\_
- Driven by a parent/guardian from \_\_\_\_\_ Name of parent/guardian: \_\_\_\_\_

**Agreement** (To be completed by parent or guardian)

1. I \_\_\_\_\_ give permission for \_\_\_\_\_  
to attend Wollangarra from \_\_\_\_\_ to \_\_\_\_\_ (dates).

2. I am aware that while at Wollangarra my child will be participating in the following activities, and give my permission for them to do so: Use of a flying fox; Overnight hiking; Swimming in a river; Hobby farming including-animal care, gardening and maintenance; Campfire cooking; and other outdoor activities and games.

Signed \_\_\_\_\_

3. I am aware that your mountain hiking trip has risks and dangers that are greater than those normally faced at school. Those extra risks and dangers may include: Physical exertion for which my child may not be prepared, remoteness, difficult access to normal medical services, weather extremes which can change suddenly and unexpectedly. Signed \_\_\_\_\_

4. I give permission for photos taken of my child to be used in the production of Wollangarra's brochures, newsletters and website. Signed \_\_\_\_\_

5. I agree to cover the cost of any equipment that is lost by my child, or broken by my child due to neglect or abuse.

Signed \_\_\_\_\_

I acknowledge that I have read all the information provided, and that I have completed and attached the Wollangarra medical forms. I also understand that whilst at Wollangarra if my child behaves in any manner that may risk their own or others safety, or is deemed by the staff to be unacceptable, then their participation on the program may be discontinued.

Signed \_\_\_\_\_ (parent/guardian) Please print name \_\_\_\_\_

Date \_\_\_\_\_ Contact phone number \_\_\_\_\_