



Form Travel Activity Agreement

Activity Details

Activity	
Purpose	
Travel Arrangements	
Approved Supervisors	
Approved Supervisor Contact Information	

Personal Details

First Name:		Contact Phone:	
Last Name:		Date of Birth	

Participation Agreement

I agree to the following conditions when participating in an Approved Activity away from the clubhouse:

- o I will observe all club rules
- o I will follow the directions of the Approved Supervisor(s).
- o I will ask permission from the Approved Supervisor before leaving their immediate supervision
- o I will refrain from smoking, drinking alcohol or taking drugs whilst participating in the Approved Activity

I understand that the Approved Supervisor is a fellow club member who wishes to enjoy their participation in the Approved Activity, and as such I will be considerate and act responsibly and maturely. I understand that should I wilfully breach any part of this agreement the Approved Supervisor may terminate my participation in the activity and require my parents to collect me immediately.

Junior Member Signature: _____ Date: _____

Parent/Legal Guardian Agreement and Consent

1. I agree that supervision is provided by the club based on the assumption that my son/daughter will follow all club rules including the requirements set out in this agreement. Should I anticipate any issues arising from my son/daughter participating in the above outlined activity, I will discuss these with the Club President, Club Captain or Chief Instructor.
2. I hereby acknowledge and approve my son/daughter participating in the activity outlined above
3. I authorise the club Approved Supervisor to consent, where it is impracticable to communicate with me, to my son/daughter receiving such medical or surgical treatment as may be deemed necessary
4. We accept that the club Approved Supervisors will accept what my son/daughter may say on face value unless proved otherwise. Should I have concerns, I understand that it is my responsibility to contact the Approved Supervisor in person to discuss my concerns
5. I understand that should my son/daughter wilfully breach this agreement, the Approved Supervisor may terminate their involvement in the activity and require me to my son/daughter or arrange for their immediate transport home.
6. I have listed any restrictions or amendments to what my son/daughter is permitted to do below.

Print Name: _____ Signature: _____ Date: _____
(Parent/Guardian to sign)

Parental Restrictions, Amendments, Medical Notes (if insufficient space please write on back of form)

EMERGENCY CONTACT NUMBER: