

GET ACTIVE QUEENSLAND ACCREDITATION PROGRAM

Senior School Student's Additional Registration Form

Personal Details:

Student's Surname:

Given Names:

Date of Birth:

School attended:

GAQAP Venue

Home address:

Parent / Guardian name:

Parent / Guardian ph no:

Parental / Guardian consent:

As a parent / guardian of _____
(Given names) (Surname)

I, _____
(Parent/Guardian name)

give my consent for him / her to participate in the _____
(insert activity name)

course at the Get Active Queensland Accreditation Program at _____
(venue name)

on _____ under the sole direction of the person/s appointed in charge of the
(date)

above mentioned activity which he/she is involved. Such person may take whatever reasonable action they deem necessary to ensure the safety, well being and successful conduct of the student in the above mentioned activity. In the event of illness, accident or injury, during the above mentioned course, I authorise the obtaining on my behalf of such medical or ambulance assistance as my child/guard might require and accept responsibility for the payment of any expenses thus incurred. I further authorise qualified medical practitioners to take any steps necessary to ensure the wellbeing of my child/guard. I submit the attached medical information about the student and include all details of limitations which he/she has for the activities concerned.

Signed: _____ Date: _____

(parent/guardian)

Medical Details and Authorisation:

Note: It is the responsibility of the parent / guardian to ensure that the student is adequately covered for Medical Hospital and Dental Insurance. The Department of Communities (Sport and Recreation Services) cannot accept financial liability for any of these expenses.

I hereby authorise the obtaining on my behalf of medical assistance my child/guard may require in the event of an accident or illness and guarantee to meet any costs incurred.

Signed: _____ Date: _____
(parent/guardian)

Please return completed form to

GAQAP Coordinator
Department of Communities (Sport and Recreation Services)
PO Box 15187
City East, QLD, 4002

OR

Fax: 3237 9879

Privacy Statement: *Department of Communities (Sport and Recreation Services) is collecting the information in registering you as a Senior School Student Participant in the Get Active Queensland Accreditation Program. Your personal information will not otherwise be disclosed to any other party without your consent, unless authorised or required by law.*

Information collected on this form will be retained as required by the Public Records Act 2002 and other relevant Acts and regulations, and is subject to the Freedom of Information regime established by the Freedom of Information Act 1992. For further information on your privacy, contact DLGPSR's privacy contact officer on (07) 323 54303 or email to: LARS@dlgpsr.qld.gov.au