**VICTORIAN SAILING SCHOOL**

**31 Eastern Beach Road Geelong**

**Dave Mobile: 0409508754**

**‘A Campus of Newcomb Secondary College**

**STUDENT ENROLMENT FORM**

***Parents/Guardians are requested to complete this form****:*

STUDENT’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_

DAYTIME PHONE CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_

Does the participant suffer from any of the following (please tick):

ASTHMA \_\_\_\_\_\_ EPILEPSY \_\_\_\_\_ DIABETES \_\_\_\_

HEART DISEASE \_\_\_\_ PHYSICAL DISABILITY \_\_\_\_ OTHER? \_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES (e.g. Penicillin) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF LAST TETNUS INJECTION (If Known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please read, sign and date the following medical, transport and photography authorizations:***

MEDICAL AUTHORISATION:

In the event of any illness or accident I authorize the teacher in charge of this activity to consent where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRANSPORT AUTHORISATION:

In the event of the cancellation of any program due to adverse weather conditions, I authorise School staff to transport my child by bus or private vehicle to an alternate venue such as but not restricted to: The Geelong Naval Museum, the Maritime Museum and/or the Marine Discovery Centre at Queenscliff, the Point Lonsdale Lighthouse and Ocean Grove surf beach/lifesaving club, or back to his/her base school as required.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTOGRAPHY AUTHORISATION:

I give permission for photographic images of my son/daughter to be taken while he/she is participating in Sailing School programs and for these images to be placed on the Sailing School Web site. I understand that these images can be accessed and downloaded at the conclusion of his/her program and that they may also be used in Sailing School promotional materials such as pamphlets and displays.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**NB: This form is additional to, not in place of normal visiting school document requirements**