

Please Return this form 2 weeks before students are due to leave

Making Payment: Please make your payment of \$555 ONLINE through the PARENT PORTAL on the Auckland Grammar School website www.ags.school.nz

Course dates: 7:30 am on Monday ___/___/___ To 5:45 pm on Friday ___/___/___

Place: Ohakune Venture Lodge & Tongariro National Park

Class: _____

Activities include: Walking, Climbing, High Ropes, Abseiling, Caving, Whitewater Rafting etc.

Participant information:

Please complete these details:

Student name:	
Address:	
Home phone:	Mobile phone:
AGS Form Class:	Age:

Family doctor:	Phone:
Clinic:	Community Service Card number:

Emergency contact details (please provide at least 2 sets of contact details):

Name:	Relationship:
Address:	
Home phone:	Mobile phone:

2nd Emergency contact details:

Name:	Relationship:
Address:	
Home phone:	Mobile phone:

Parental consent:

I agree to my child taking part in the Form 4 Camp and have read the information sheet. I agree to their participation in the activities described. I acknowledge that he is under the authority of the school throughout the duration of camp.

Acknowledgment of risk:

I have read the camp information sheet and I understand that there are risks associated with involvement in outdoor activities and that these risks cannot be completely eliminated. I understand that the School will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that my child will be briefed on safety procedures at the start of the camp and before activities. I will do my best to ensure that my child and I follow these procedures. I confirm that I will not hold the School liable for any damages, loss or injury which may occur as a result of my child attending this camp, and hereby release the School from any such liability.

I know that I am able to ask any questions of the School about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognize that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

To be signed by adult participant or parent/guardian of student participant:

Printed name:

Signed:

Date:
