## 1. Student Details (Please print clearly) Student Full Name: Parent/Carer Full Name: Address: Postcode: Date of Birth: Phone: (H) (W) (M) 2. Medical Details Medicare Number: Exp Date My child is allergic to: Any medical details or special needs which the Supervising Staff might need to know:

## Important Information:

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education and Communities for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the snow sport program offered by the school when deciding whether additional insurance cover is required. Personal accident insurance cover is available through normal retail insurance outlets.

Parents who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from www.sportinginjuries.com.au

Further information regarding student accident insurance and private health cover is provided at: https://app.education.nsw.gov.au/sport/File/1449

## 3. Medical Assistance:

I understand that the teacher in charge of the excursion will seek medical aid for my daughter/son/ward should he/she deem this necessary. I further understand that medical aid if it is considered necessary may be sought by a qualified ski patroller from a ski resort

The personal information provided on this permission note, will be used by the Department of Education and Communities for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the team management.

Please	indicate the l	evel of your	son/daughter's skiing/snowboarding	ability:	
Skiing	Level				
Snowb	oarding Leve	ı			
Self evaluation guide of students skiing/snowboarding ability:  Skiing Ability					
1	First timer		First time skiing	First time snowboarding	Beginner Lesson
2	Beginner	•	You can stop and start. Time to ride the lift!	You can heelside and toeside turn your board. Time to ride the lift!	Group Lesson
3	Beginner		You can ride the lift and snowplough turn.	You can ride the lift and are beginning to link turns.	Group Lesson
4	Intermediate	•	You're starting to perform parallel turns and are moving faster down the hill.	You can link your turns. Time to take your riding to the next level and try some varied terrain	Group Lesson
5	Intermediate		Ready to start performing long and short parallel turns	It's time to link your turns on steeper terrain, take on beginner jumps and learn how to ride switch.	Group Lesson
6	Intermediate	•	You're mastering Blue runs and taking on more Black runs. You are exploring more challenging terrain and bettering your technique.	You have mastered Green and Blue runs. Your now linking turns down Black runs confidently and ready to learn some tricks in the park.	Group Lesson
7	Advanced	•	You're making parallel turns with pole plants. Time to learn dynamic short turns to ski bumps and steeper terrain.	Master of the Black runs. Time to learn technical freestyle riding and advanced freeride riding.	Group Lesson
8	Advanced	**	You've mastered every run. It's time to get off-piste and into the powder, bumps, cliffs and steeps.	You've mastered every run. Time to get off-piste and take on cliffs, drops and stepper terrain.	Group Lesson
6. Exemulation of the students	May Child related the control of the	conditionally consent ating to Snow Conditionally with the attended our whilst or the excursion comply with the conditional terms of the condition	and authorise KT to use any and all a v Sports Lesson programs (unless other ance on this excursion depends on: a the excursion by the date shown on this form e school's Welfare and Discipline Police	wise specified by the parent/guardia	
			Wa		

Name of another contact person: Phone: