Rowing Program – Parental/Guardian Consent

As a parent/guardian of _____________________________________, I give consent for my son to attend rowing training and rowing regattas as detailed in the attached information sheet. I am aware of the nature of the activity and agree to delegate my authority to the staff and volunteers that are involved.

I accept that the teachers and coaches will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the Rowing Program.

In the event of any illness or accident, I do/do not* authorise the obtaining of such medical assistance as my child may require. I do/do not* accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred. I include the completed medical information section (above) about my son to assist those who are organizing the excursion/sporting activity. Should there be any change to the above information then I will notify the College.

Signed ______________________________________  Date : ___________________

(Parent/Guardian*)

1. Is your son able to swim 100 metres without stopping and tread water continuously for 10 minutes?  Yes ☐  No ☐

2. Does your son hold any life saving qualifications?  Yes ☐  No ☐

If “yes” please indicate qualification/s:
________________________________________________________
________________________________________________________