

## 5.4 Parental/guardian consent form

I hereby give permission for my son/daughter/ward

First name \_\_\_\_\_ Surname \_\_\_\_\_

from \_\_\_\_\_ (name of school or Unit) Unit of the Bush Rangers WA program, to undertake activities from the date of this agreement until such time as the cessation of membership, including camps and other outdoor activities as may, from time to time, be scheduled.

To the best of my knowledge, the above named is in good health unless otherwise indicated on their application form. I understand that, should an accident or medical emergency arise as a result of participating in any activity of the program, every effort will be made to contact their next of kin. Notwithstanding this, I give my permission for any medical or operative treatment, considered necessary by a qualified medical practitioner, to be carried out on him/her, including the administration of injections, anaesthetics and blood transfusions.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of witness \_\_\_\_\_

Printed name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

## 5.5 Uniform return agreement

I, \_\_\_\_\_ (full name of parent/guardian) acknowledge

that all items of uniform and equipment issued to \_\_\_\_\_

and receipted by them, remain the property of the Bush Rangers WA Program, and must be returned by them on cessation of membership.

I further understand that retention of the uniform or any part thereof, or any item on issue, without authority, renders such persons liable to action for the recovery of the cost of the held uniform or items not returned.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

In the presence of

Signature of witness \_\_\_\_\_

Printed name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

## 5.6 Enrolment application form

Note: Enrolment in the Bush Rangers WA Program signifies a voluntary agreement to accept the rules of the organisation and to abide by the Bush Rangers WA Code of Behaviour.

### To be completed by applicant

Surname \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Postal address (if different) \_\_\_\_\_

Postcode \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Second contact number (if appropriate) \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Relationship to you \_\_\_\_\_

I apply to be enrolled in the Bush Rangers WA Program. I undertake to attend sessions regularly, to safeguard and care for any clothing or equipment issued to me, and to return it on completion or termination of membership. I agree to conduct myself at all times in such a manner as to reflect credit upon Bush Rangers WA.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

### To be completed by the applicant's parent/guardian.

Medical conditions do not affect membership. The following information is only required to ensure that Bush Ranger cadets are not expected to undertake tasks that are not consistent with their current state of health.

- ☐ I do not know of any medical conditions of which the Unit administration should be informed regarding the applicant's participation in the Bush Rangers WA program.
- ☐ The applicant has the following medical condition(s) which may affect their participation in some activities:

I, the parent/guardian of the above applicant, do hereby give my permission for him/her to take part in the activities of the Bush Rangers WA Program.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

#### Application approved

Signature Unit Leader \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

