Appendix 1:

Ōrewa SLSC Member Travel and/or Overnight Stay Consent / Agreement (Over 14yrs)

Event:	
Venue:	
Travel Dates:	
Member Name:	
with coaches and ⁻ parents if under 18	cts that all team Members contribute to the success of the trip by co-operating fully Feam management in a responsible manner at all times. All team Members (and their years) must read the Club Travel Policy and sign this Club Travel and/or Overnight eement which incorporates the SLSNZ Code of Conduct and provide relevant medical
Travel and/or Ove	ernight Stay Code of Conduct
	t Team management has full authority in all matters pertaining to the trip and agree to the any team management requests;
	e any unauthorised drugs or substances. I understand that the Club and Event nduct random drug testing;
	team has a strict no alcohol policy for anyone under 18 and that I must respect all am and other surf life saving clubs and that there will be no partying or disturbing
•	d respect the rights of teammates and others;
☐ I will be prompt a	and on time;
□ I will follow cell phone usage guidelines;	
□ I will follow computer use guidelines including social media;	
□ I will respect all travel vehicles;	
□ I will follow the team travel dress code;	
□ I will use appropriate behaviour in public facilities;	
☐ I will follow all cu	ırfews set by Team management;
□ I will stay in my assigned accommodation;	
$\ \square$ I understand the needs and wellbeing of the team come first;	
☐ I understand that I will be liable for any costs relating to any damage or loss, including to accommodation or transportation vehicles;	
times. I understa	conditions of the trip in that I will be under the care of the Team management at all and that although all care is taken Team management take no responsibility for any lay occur as a result of my unacceptable behaviour; and
☐ I agree to follow the attached SLSNZ Code of Conduct at all times during the period of travel.	

Medical Information Please record below any disability, allergy or medical condition we should know about, including any medicine brought on the trip (and instructions for its use) **Club Travel and/or Overnight Stay Policy** I have read and fully understand the Club Travel and/or Overnight Stay Policy. Permission is hereby given (delete or add as appropriate) ☐ For me/ my child to attend the above event as part of a Club team. ☐ For me/ my child be transported alone with their coach/ (named other person). ☐ For my child to stay in accommodation with a (named) chaperone in the room. ☐ For my child to stay in a room with other children of the same age and gender. ☐ Team Management to arrange medical treatment for me/ my child if required for injury or illness. ☐ For my child to be allowed to go to public places as part of team activities, either with a chaperone or if 13 and over in groups of no less than three persons. ☐ For Team Management to discipline me/ my child in the event of unacceptable behaviour including being sent home immediately at my own expense. Member Name: Parent 1 Name (U18): Parent 2 Name: Mobile Number: Member Signature: Parent 1 Signature (U18): **Emergency Contact Person** Name: Number: Date: Date: Member Mobile Number: Parent 1 Mobile Number: Doctor Name:

Doctor Phone Number: