
PARENT/GUARDIAN CONSENT FORM



Please read carefully.

- a) I agree to taking part in visits and activities offsite from normal class on campus.
- b) I confirm to the best of my knowledge that he/she does not suffer from any medical condition other than those previously disclosed on the Youth Admission and Enrolment application form.
- c) I consent to he/she travelling by any form of public transport or motor vehicle driven by an Ara employee to visits or activities offsite in which Ara is participating.
- d) I understand that Ara accepts no responsibility for loss, damage or injury caused by or during attendance at any of Ara organised activities except where such loss, damage or injury can be shown to result directly from the negligence of Ara.

Parent/guardian signed	<input type="text"/>	Date	<input type="text"/>
Relationship	<input type="text"/>		
Phone (day)	<input type="text"/>	Phone (night)	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>
Emergency contact details (if different from above)			
Name	<input type="text"/>	Phone	<input type="text"/>
Relationship to student	<input type="text"/>		

Youth Team
Ara Institute of Canterbury
PO Box 540
Christchurch 8140
youth@ara.ac.nz
0800 282 437