



# BILANG BILANG PROGRAM PARENT/GUARDIAN CONSENT FORM

ECU's Kurongkurl Katitjin is proud to present the Metro Bilang Bilang Program. Bilang Bilang, (pronounced bil-ung bil-ung) is a Noongar phrase meaning "shimmering bright on the river". It reflects the journey of every student who participates in this program and what they will go through. Flowing through the program feeling stronger and more confident in shining their brightest no matter their future path. This program is held on 2-4 October 2023 and is only open to Aboriginal and/or Torres Strait Islander students in years 7-10.

Please be aware this program is a residential camp, and there is an overnight component.

Limited places are available, so register now to secure your spot! Applications must be completed in full before a place is offered in the program.

### Applications close Friday 15 September 2023.

For further information or queries, please contact Kurongkurl Katitjin's Engagements Team via kkengagements@ecu.edu.au

## ACCEPTANCE AND INDEMNITY FORM



another participant is given the opportunity to attend.

## **Declaration by Participant** (Please tick to provide your acceptance of the following): ☐ I accept the offer of a place at the Edith Cowan University Metro Bilang Bilang Program 2023. ☐ I will be required to adhere to the rules and instructions of the Program Coordinator and Staff of this program during my participation, including where directions are given by third parties such as Ern Halliday Recreational camp staff. ☐ I accept that I am voluntarily participating at my own risk and that, whilst ECU will take reasonable steps to minimise risk (i.e. provision of safety equipment, active supervision), neither ECU nor its staff, contractors or student mentors may be held responsible for any accidental injury or sickness or the consequences thereof, arising from my participation in the program. ☐ I am aware that if I am caught in possession of or I am under the influence of prohibited items, including drugs, alcohol, or weapons, I will be immediately removed from the program and sent home, and my parent/guardian will be contacted. ☐ I consent to ECU contacting me regarding future events that may be of interest. ☐ I acknowledge that my personal information may be used in accordance with ECU's Privacy Policy available at: https://ecu.onk2.com/Runtime/Runtime/Form/ECU.Corporate.Documents/. ☐ I consent to being photographed/video recorded during my participation, and agree that this may be used in future promotional material, including online. I consent to ECU providing this material to, and for use by, third parties who are involved in running similar programs in the future. Signed: **Participant** Name Printed: Date: \_\_\_\_\_ Parent/Guardian Details: Name: Address: Email:

Mobile:

#### **Declaration by Parent/Guardian**

I am the parent/guardian of the above Participant and approve their participation in the Metro Bilang Bilang Program 2023. I understand the Participant:

- will be supervised by ECU staff, contractors and student mentors for the week;
- may need to be driven by an ECU staff member / contractor or a nominated bus or tour company, to or from or between event locations and pick up locations;
- will attend ECU Joondalup, ECU Mount Lawley, the ECU student village, and other event or activity venues, and may therefore interact with other members of the community at these locations;
- · may have supervised access to the pool at the beach, where a lifeguard with a Bronze Medallion will be present;
- will be sharing dormitory rooms with 2-3 other students;
- will be photographed/video recorded during their participation, and this may be used in future promotional material, including online;
- will be engaging at events with external sponsors/suppliers who may not have a Working With Children Check or Police Clearance;
- may engage in sports / recreational activities (e.g. volleyball, soccer, etc) under the supervision of ECU staff and Student mentors; and
- will be required to adhere to the rules and instructions of the Program Coordinator and Staff of this program, including where directions are given by third parties such as Ern Halliday Recreational camp staff.

(Please tick to provide your acceptance of the following	):
$\hfill \square$ I agree for the Participant to participate in the Metro	Bilang Bilang Program 2023.
$\ \square$ I agree and understand that this program is a resider the 2nd and 3rd of October, 2023.	ntial program which requires participants to stay overnight on
$\ \square$ I agree the information provided for the Participant a	above is accurate.
steps to minimise risk (i.e. provision of safety equipm	ng at their own risk and that, whilst ECU will take reasonable nent, active supervision), neither ECU nor its staff, contractors or cidental injury or sickness or the consequences thereof, arising
$\hfill \square$ ECU is not responsible for the Participants travelling	to or from the Metro Bilang Bilang Program 2023.
☐ I am aware that if the Participant is caught in possession of, or is under the influence of prohibited items, including drugs, alcohol, or weapons, they will be immediately removed from the program and sent home, and I will be contacted.	
$\hfill \square$ I consent to ECU contacting the Participant by email that may be of interest to the Participant.	or mobile telephone regarding the Program and future events
☐ I consent to ECU using the Participant's personal info https://ecu.onk2.com/Runtime/Runtime/Form/ECU.C	ormation in accordance with ECU's Privacy Policy available at: orporate.Documents/.
	eo recorded during the Metro Bilang Bilang Program 2023, and aterial, including online. I consent to ECU providing this material unning similar programs in the future.
	staff (where it is impracticable to communicate with me) to urgical or other emergency treatment as may be deemed associated with such treatment.
$\ \square$ I agree that I will be liable for the cost associated wire costs of any medical, surgical or other emergency trees.	th Participants being dismissed from the program, and for the eatment providing during the Program.
Signed:	Alternative Emergency contact during the program:
Parent/Guardian	
Name Printed:	Name Printed:
Date:	Phone:

## Child's Name: Does your child require any prescription medication? ☐ Yes ☐ No If yes, please provide details: Does your child have any allergies? $\square$ Yes $\square$ No If yes, please provide details: Does your child have any other medical conditions not mentioned above that could require treatment or intervention from program staff? $\square$ Yes $\square$ No If yes, please provide details: Does your child require any accessibility assistance, i.e., wheelchair ramps etc.? ☐ Yes ☐ No If yes, please provide details: Does your child have any dietary requirements? ☐ Yes ☐ No If yes, please provide details:

Please provide any relevant medical information about your child below