



AUSTRALIAN PARACHUTE FEDERATION

PO Box 1440, Springwood QLD 4127

P-(07) 3457 0100 ~ E-apf@apf.com.au ~ W-<http://www.apf.com.au>

UNDER 16 Request for Permission

FORM 06

THIS FORM IS TO BE INITIATED BY THE CHILDS PARENT/LEGAL GUARDIAN. THE FORM IS THEN COMPLETED BY THE APF CLUB CHIEF INSTRUCTOR AND SENT TO THE APF OFFICE BY THE CHIEF INSTRUCTOR.

THE APPLICANT seeking permission under OR 2.2.2 is the APF Club Chief Instructor, not the child/family.

- 1) Print Application Form – see next page.
- 2) All sections of form to be completed correctly, legibly and signed in appropriate places.
- 3) Club waiver (Form CL8) to be completed by the family so that medical declaration question can be answered on U16 application form. *If a medical condition is identified, submit a copy of the Form CL8 with the application.*
- 4) The applicant (i.e. the under age person) is required to make a statement, giving a detailed explanation of why they wish to jump. This will indicate that they have some knowledge of what is required of them and may encourage awareness of the potential risks involved in tandem skydiving.
- 5) Chief Instructor to review form has been completed correctly, sign off - and date.
- 6) Chief Instructor/Club to forward application to APF Office for processing.
- 7) It is the responsibility of the APF Club Chief Instructor to ensure the application form is completed correctly before forwarding to the APF Office to process.
- 8) Forms received that are not correct, complete or legible, **will not be** accepted and will be returned to the applicant for amendment, so please take the time to fill the form out properly.
- 9) **Note: any application for a child under the age of 10 is taken into much more consideration, including review by the APF Technical & Safety Committee prior to a decision on approval by the APF Safety & Training Manager (STM). To this end further supporting documentation will be requested, including letters of support from all legal guardians. Further requirements may be identified on an individual application basis.**

Upon receipt at APF Office the application will be assessed, and fee processed, before sending to the STM for approval. (An application for a child under the age of 10 is likely to require a longer timeframe)

Upon receipt of STM's written approval, the Chief Instructor will be notified by the APF Office and provided a permission document. *NOTE: Conditions of the jump will be outlined on the granted U16 Permission document. The jump may not take place until the permission document has been provided to the applicant.*

Any incident which occurs during the event is to be reported immediately to the APF Office and the STM.



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APPLICATION FOR A TANDEM PARACHUTE DESCENT WITH A PERSON UNDER THE AGE OF 16

Has a medical condition been declared on the club waiver? YES [] NO []

Date of Application: ___/___/___

Form with fields for Parachutist Name, Address, Date of Birth, AGE as of Application date, Parent/Legal Guardian Name, Reason for Jump, Anticipated Jump Date, APF Club Name, Drop Zone Location, Chief Instructor Name, and signature sections for Parachutist, Parent/Guardian, and Chief Instructor.

\$70 (non-refundable) FEE per application is applicable. Please complete the following fields:

Credit Card Details: MasterCard / Visa

Card numbers and Expiry Date: [][][][] [][][][] [][][][] [][][][] Expiry Date: [][] / [][]

Name on Card: _____

Contact number of Card Holder: _____

Copy of this consent is to be forwarded to the APF Office by the APF Club Chief Instructor to apf@apf.com.au for processing. The APF Office will distribute any approved applications to the applicant (CI).