# REDERATION PARACE

#### AUSTRALIAN PARACHUTE FEDERATION

PO Box 1440, Springwood QLD 4127
P-(07) 3457 0100 ~ E-<u>apf@apf.com.au</u> ~ W-http://www.apf.com.au

### **UNDER 16 Request for Permission**



## 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 parachutist (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.



Contact name & number of Card Holder:

### **AUSTRALIAN PARACHUTE FEDERATION**



PO Box 1440, Springwood QLD 4127
P-(07) 3457 0100 ~ E-<u>apf@apf.com.au</u> ~ W-http://www.apf.com.au

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

Has a medical condition been dec		? YES 🗖 1	NO 🗖			
Parachutist Name:						
Address:						
Date of Birth:		AGE as of Application	date:	☐ Male ☐ Indete		Female Intersex/Unspecified
Parent/Legal Guardian Name: (Print Name)						
Address:						
Parent/Legal Guardian Name: (Print Name)						
Address:						
Reason for Jump: Please refer point 4 in instructions on previous page						
Anticipated Jump Date:	/ /					
APF Club Name:					APF CI	ub Code
Drop Zone Location:						
Chief Instructor Name PRINT:						
I am the Tandem Student Parachutist named above. I am willing to undertake a tandem parachute descent and I am aware of the associated risks.					lem	Parachutist Sign
Tick this box if the Parachutists is from a single parent/guardian family.  Please be aware that any incorrect or dishonest information given on this form may affect your legal rights and may lead to legal action.					ction.	I am from a single parent/guardian family
I am the parent or legal guardian of the Parachutist named above. I agree to my child or ward undertaking a tandem parachute descent and acknowledge that I am aware of the risks associated with my child or ward making a parachuting descent. If a medical condition exists, it has been declared on the waiver attached.  Parent or legal guardian sign  Parent or legal guardian sign  Date						Parent or legal guardian sign
I am the Chief Instructor named of The Permission as it pertains the nominated by the Chief Instructor accept that additional people on accordance with the Operational	above. I understand an to this application. I acco actor and briefed in acco the jump(s) will be app	ept that the Ta ordance with t	ndem Ins he APF ap	tructors wil		Chief Instructor sign
Copy of this consent is to be forwarde will distribute any approved application		APF Club Chief	Instructor	to <u>apf@apf.c</u>	om.au for	processing. The APF Office
\$70 (non-refundable) FE	E per application is a	pplicable. P	lease con	nplete the	followin	g information:
MasterCard / VISA / E.F.T. [ The APF Office will contact y details.	Ple and	☐ Cheque / Money Order Please adhere securely to this application form and post to APF PO Box 1440, Springwood QLD 4127				