



AUSTRALIAN PARACHUTE FEDERATION

PO Box 1440, Springwood QLD 4127

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

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.

APF OPERATIONAL REGULATION 2.2.3

PROCEDURE TO ALLOW A TANDEM PARACHUTE DESCENT WITH A PERSON UNDER THE AGE OF 12

THE APPLICANT for a waiver to OR 2.2.3 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 U12 application form. *If a medical condition is identified, submit a copy of the Form CL8 with the application.*
- 4) Chief Instructor to review form has been completed correctly, sign off - and date.
- 5) Chief Instructor/Club to forward application to APF Office for processing.
- 6) 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.
- 7) 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.
- 8) **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. Average one week's turnaround. (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 U12 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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OPERATIONAL REGULATION 2.2.3

APPLICATION FOR TANDEM PARACHUTE DESCENT WITH A PERSON UNDER THE AGE OF 12

Please tick here if a medical condition has been declared on the club waiver? YES NO

Date of Application: ____/____/____

- Club Distribution:
- Parent/Guardian Copy
 - Drop Zone Copy
 - Tandem Instructor Copy
 - APF Office Copy

Parachutist Name:			
Address:			
Date of Birth:		AGE as of Application date:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified
Parent/Legal Guardian Name: (Print Name)			
Address:			
APF Club Name:			APF Club Code
Drop Zone Location:			
Reason for Jump: If more space needed, use back of sheet.			
Chief Instructor Name PRINT :			
I am the Tandem Student Parachutist named above. I am willing to undertake a tandem parachute descent		Parachutist Sign	
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 Date	
I am the Chief Instructor named above. I understand and formally accept the responsibilities of The Permission as it pertains to this application. I accept that the Tandem Instructors will be nominated by the Chief Instructor and briefed in accordance with the APF approval. I accept that additional people on the jump(s) will be approved by the Chief Instructor in accordance with the Operational Regulations.		Chief Instructor sign Date	

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. A medical certificate attesting to the child's physical and mental suitability to make the jump(s) should also be forwarded if applicable. APF Office to distribute any approved applications to the applicant (CI).

(APF Office Use Only)
Date Application Received:

\$40 (non refundable) FEE per application is applicable. Please complete the following fields:

Credit Card Details: MasterCard / Visa

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Name on Card: _____

Signature _____

Contact number of Card Holder