Elite Hockey Program
Travel in Private Vehicles Form

Students, who drive themselves to Hockey SA (State Hockey Centre, Main North Road, Gepps Cross, SA) must have signed consent. **All drivers** must complete the consent form below.

Student name: __________________________________________ Home School: ________________________________

Year Level: ________________________ Home/Care Group: ____________________ Date of Birth: __________________

Program Name: Elite Hockey Program Host School: Roma Mitchell Secondary College

Location: Hockey SA, State Hockey Centre Day of week: Wednesday

The following statements are true in relation to my vehicle:

- I hold a current driver’s license
- The car I will be driving is registered
- The car I will be driving is covered by one of the following insurances (please tick):
  - [ ] Third party property
  - [ ] Comprehensive
- I am aware that there is no provision by the school or DECD for any claims, which may result from the use of this vehicle.
- I agree not to carry other students as passengers in my car.

**DRIVER** Name: ___________________________________ Signature: _________________________ Date: ____________

**REGISTERED OWNER**

Name: ______________________________________ Signature: ______________________________ Date: ____________

Parent Consent

**All drivers under the age of 18 (to be completed by parent/caregiver).** I give my permission for the student identified above to drive for the purpose of travel to and/or from the Elite Hockey Program and confirm that the details above are correct in relation to my child and the vehicle to be used.

**PARENT/CAREGIVER**

Name: ______________________________________ Signature: ______________________________ Date: ____________

*Please complete this form and return it to your Home School, SACE Coordinator.*

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