

# School Application Form

## DARE Adventure Race 2024



St. Gilgen  
International  
School  
SALZBURG | AUSTRIA



7<sup>TH</sup> AND 8<sup>TH</sup> JUNE 2024

SCHOOL NAME:

TEAM NAME:

### 1<sup>st</sup> MEMBER NAME INFORMATION (TEAM LEADER)

Family Name

First Name

### 2<sup>nd</sup> MEMBER NAME INFORMATION

Family Name

First Name

### 3<sup>rd</sup> MEMBER NAME INFORMATION

Family Name

First Name

### 4<sup>th</sup> MEMBER NAME INFORMATION

Family Name

First Name

### TEAM COACH

Family Name

First Name

Phone Number

E-Mail Address

I have read and understood the Safety &  
Risk Assessment Policy.

Yes No

### DECLARATION

I consent to all the conditions of acceptance and the program expectations detailed in the DARE Adventure Race application form, safety policy and risk assessment.

I acknowledge that the StGIS DARE Adventure Race holds the right to dismiss any student due to behaviors deemed inappropriate or if they breach the program's expectations. Should any participant be found in violation, they will be removed from the program immediately with no refund of the DARE Adventure Race fee. I am also aware that payments made towards this program are non-refundable under all circumstances.

### CONSENT TO EMERGENCY CARE (INCLUDING ANAESTHETIC)

Furthermore, I understand and acknowledge that, in the event of a child requiring emergency medical or surgical intervention, the Team Coach will make every effort to contact parents. If parents cannot be reached, or in a situation where an immediate decision to treat is essential, the Team Coach will have the authority to give consent for treatment, including an anaesthetic. During such emergencies, the Team Coach will act In Loco Parentis.

Please note, we would recommend all teams to have a fifth team member as back-up, as the teams are only allowed to participate if 4 team members start at the competition.

Costs for the DARE Adventure Race per Team are 300 EUR.

Booking confirmation will follow.

### Payment details

All payments must be made into our school account. Please use your **invoice number** as the reference.

### Bank details

Raiffeisenbank St. Gilgen, 5340 St. Gilgen, Austria  
IBAN: AT23 3505 6000 0006 8585  
BIC: RVSAAAT2S056

*Name and signature of the Head of School/ Principal*