

# Experience ECU Acceptance Form



AUSTRALIA  
**ECU**  
EDITH COWAN  
UNIVERSITY

Creative thinkers  
made here.

To complete the registration, this form needs to be signed by the student and a Parent/Guardian and returned by no later than **MONDAY, 18 SEPTEMBER 2023**.

Email Ginetta Papaluca: [g.papaluca@ecu.edu.au](mailto:g.papaluca@ecu.edu.au)

## Experience ECU Day Wednesday 27 September 2023

NAME OF STUDENT:	
SCHOOL YEAR:	
NAME OF SCHOOL:	
HOME ADDRESS:	
MOBILE:	
PARENT EMAIL:	

### DECLARATION BY STUDENT

I, \_\_\_\_\_, accept the offer of a place at Edith Cowan University, Joondalup, Experience ECU Day and understand that I will be required to adhere to the rules and instructions of the Program Coordinator and Staff of this program during my participation. **I understand that closed in shoes are required.**

Signed (Student): \_\_\_\_\_

Date: \_\_\_\_\_

### DECLARATION BY PARENT/GUARDIAN

I am the parent/guardian of the above student and approve their participation in Experience ECU Day. I understand the student will be participating in hands-on activities and that the student will be required to adhere to the rules and instructions of the Program Coordinator and Staff of this program (including remaining on campus at all times).

I accept that my child is participating at their own risk and that, whilst ECU will take reasonable steps to minimise risk (i.e., provision of safety goggles, lab coats, and active supervision), neither ECU nor its staff may be held responsible for any accidental injury or sickness or the consequences thereof, arising from the student's participation in the program. I further authorise the Program Coordinator and/or relevant staff (where it is impracticable to communicate with me) to consent to the student receiving such medical, surgical, or other emergency treatment as may be deemed necessary, and I accept the liability to pay any costs associated with such treatment.

Signed (Parent/Guardian): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact 1 Name:	Emergency Contact 1 Phone:
Emergency Contact 2 Name:	Emergency Contact 2 Phone:

Please state any specific medical conditions or allergies of your child which may be of relevance during the program:

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Please ensure that this form is completed and returned, by email, no later than Monday 18 September 2023 to secure your place. Failure to return the completed form will result in our offering this space to a student on our waiting list.