



Participant Details

First Name		Surname	
<i>Please note that the name above is how your name will be printed on your certificate/s.</i>			
Home Address			
Suburb		State	Postcode
Date of Birth		Age	Award Agent (School)

Participant Registration

Book Levels	Level 1/ 2	Level 3/ 4
<i>Your registration fee includes: Registration, Record Book, insurance, certificate and badge for both levels of the Award.</i>		
I have read, understood and agree to comply with the requirements and conditions of the Ignite Award as described in the Program Requirements (attached to this form).		

Profile Questions

Do you identify as being Aboriginal or Torres Strait Islander?	
Main Language spoken at home	
Country of Birth	
Are you affected by a disability?	
Gender	

Parental/ Guardian Consent

I,			
of,			
Phone		Mobile	
Email			
<i>I am the parent/guardian of mentioned child and consent to them participating in Ignite Award (the Award program) under the supervision of (Award Agent) and undertaking activities to fulfil the requirements of the Award program.</i>			
Parent/ Guardian Signature		Date	

The Award Agent agrees to accept the above mentioned as a participant on the term contained in this form.

Name of Ignite Leader			
Name of Award Agent			
Signature		Date	

Please return completed form and registration fee to your Ignite Leader.



Requirements and Conditions

1. I have read and understood the different levels and requirements of the Award program set out in the Program Requirements (at the bottom of this form).
2. I understand every Award Agent has the discretion to accept or reject participants and proposed activities to be undertaken as part of the Award program.
3. I understand the Award Agent will seek parental or guardian consent for my participation in the Award program.
4. I understand that I must be a participant prior to commencing activities in relation to the Award program. I understand I am not a participant until I have completed the required registration process.
5. I understand that on being accepted as a participant, I will receive a Record Book. I confirm I will read the requirements of the Award program contained in the Record Book prior to commencing activities in relation to the Award program. I understand Awards WA has the discretion to determine whether the Award program requirements have been met and therefore whether an Ignite Award Level 1 – 4 should be issued.
6. I understand that Awards WA has limited personal accident and public liability insurance which commences on the date of issue of the Record Book.
7. I have read and understand that certain activities in the Special Exclusions (available at awardswa.org.au) are not covered by the insurance. I understand that:
 - The Award Agent may decide not to approve a proposed activity if it involves an activity that is not covered by the insurance, or may approve such an activity only when I produce evidence of other acceptable insurance; and
 - If I choose to participate in activities that are not insured, my participation in these activities is at my own risk.
8. If I accept transport in a vehicle driven, ridden, flown, sailed etc by someone else who is not an Involved Person, I understand that it is my responsibility to ensure:
 - That the vehicle is roadworthy (or the equivalent for other types of transport) and insured for personal injury; and
 - Where applicable, that the driver (or equivalent) holds an appropriate and valid driver's licence.
9. I authorize the Award Agent and any Involved People, in the event of any accident, injury, illness or loss suffered by me whilst participating in, or travelling to and from, any activities or functions related to the Award program, to obtain any necessary medical and related assistance or treatment including, but not limited to, engaging any doctors, nurses or hospital accommodation.
10. I consent to pay all expenses incurred under clause 9.
11. I undertake to comply with the Award program requirements contained in the Record Book, the policies of Awards WA (as amended from time to time) and requirements of Awards WA and the



Award Agent in relation to the Award program. I understand that the Award Agent may withdraw its approval to my participation in the Award program if I do not comply.

12. I understand that authorized images and photos may be taken of me participating in certain activities related to the Award program. I consent to those images being used for promotional purposes.

LEVELS AND REQUIREMENTS

	Level 1	Level 2	Level 3	Level 4
PHYSICAL ACTIVITY	Minimum 3 hours	Minimum 6 hours	Minimum 10 hours	Minimum 15 hours
HOBBY	Minimum 3 hours	Minimum 6 hours	Minimum 10 hours	Minimum 15 hours
VOLUNTEERING	Minimum 3 hours	Minimum 6 hours	Minimum 10 hours	Minimum 15 hours
ADVENTURE	Minimum 3 hours	Minimum 6 hours	Minimum 8 hours	2 days/1 night or 2 day trips at least 6 hours each