

SPORTS CONSENT FORM 2019

Please complete and return to the front office.

CHILD'S NAME: _____

D.O.B. _____ **AGE:** _____ **YEAR LEVEL:** _____ **CLASS:** _____

PARENT CONTACT

Contact for training, game day details and cancellation.

Accordance with our Sports Policy, parents, must be present during coaching sessions and matches.

1st PARENT/CAREGIVER:	2ND PARENT/CAREGIVER:
NAME: _____	_____
PHONE: _____	_____
EMAIL: _____	_____

EMERGENCY CONTACT

In the event of an emergency, please provide an alternative contact
(Only required if 1 Parent/Caregiver contact given)

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CHILD: _____ **PHONE:** _____

As parent/caregiver of _____

- I give my consent to his/her participation in sport with parent/volunteer coaches
- I will ensure supervision of my child during coaching sessions & games
- I will take responsibility for all medical decisions and expenses
- I will return all school sports uniforms promptly and in a satisfactory condition
- I understand I will incur a replacement fee if sports uniforms are not returned
- I authorise the school to provide the contact details to coaches and team managers in order to keep me aware of game information, changes and training

Signed by parent/caregiver: _____ Date: _____

EXPRESSION OF INTEREST

Please indicate which sport(s) your child is interested in playing. (Please circle)

Cricket	Netball	Football
Basketball – Term 2/3	Basketball – Term 4/Term 1, 2020	
Soccer	Pedal Prix (Year 6/7 only)	

MEDICAL INFORMATION

Please give details of any medical condition that we should be aware of and any medication prescribed for that condition including inhalers:

If students require inhalers or any other medication, they will be responsible for providing and carrying their own.