TERM 1 SPORTS GALA DAY CONSENT FORM

SPORT: Senior Oz Tag  VENUE: Rosemeadow Playing Fields
COACH: Mrs King
DATE: Friday, 20th March

COST: $7.00  PAYMENT DUE: Tuesday 17th March, 2015

NO PAYMENTS WILL BE ACCEPTED AFTER THIS DATE. Please note that due to an increase in transport costs we have had to add $1.00 to the Gala Day cost.

Detach and return to school with payment

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1. Student Details (Please print clearly)

Student's Full Name:________________________________________________  Class: _____________

Parent/Caregiver Full Name:________________________________________________

Phone: (Home) ___________________ (Work) ______________________ (Mobile) __________________

2. Medical Details

My child is allergic to:__________________________________________________________

Any medical details or special needs which the team coach might need to know, including medication that will need to be taken to Gala Days.

3. Parental Consent:

 o I have read the information issued and I hereby consent to my child participating in this event.
 o I understand that teachers will provide supervision at the event.
 o I have sighted the enclosed Code of Behaviour and agree that if my child/ward seriously contravenes behavioural expectations, he may be immediately excluded from the team.
 o In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.

Signed: _____________________________ Parent/Caregiver. ________________________ Date.