TERM 1 SPORTS GALA DAY CONSENT FORM

SPORT: T-Ball (Boys) VENUE: Ambarvale Playing Fields

COACH: Mrs Casey

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.

Important Information:

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education and Training for school sporting activities. Parents and caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, sport zone, region and state school sport associations when deciding whether additional insurance cover is required. Personal accident insurance cover is available through normal retail insurance outlets. To the best of my knowledge, he has no medical condition, disability or injury that puts him at risk in participating in this competition. Further information regarding student accident insurance and private health cover is provided at: http://www.sports.det.nsw.edu.au/spguide/activities/general/med_insurance.php

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.