TERM 1 SPORTS GALA DAY CONSENT FORM

SPORT: T-Ball (Girls)  VENUE: Ambarvale Playing Fields
COACH: Mrs. Moir
DATE: Friday 11th March, 2016 and Friday 1st April, 2016
COST: $14.00  PAYMENT DUE: Tuesday 8th March, 2016

NO PAYMENTS WILL BE ACCEPTED AFTER THIS DATE.

Detach and return to school with payment

TERM 1 SPORTS GALA DAY CONSENT FORM – T-Ball (Girls) – Mrs. Moir

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, 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.

Mrs M Webb
Principal

Doc 16-016
BRADBURY PUBLIC SCHOOL CODE OF BEHAVIOUR

Congratulations on your selection in a Bradbury PS Gala Team!

You have achieved the honour of being selected in a representative Team of this school.

As such you will be acting as an Ambassador for not only your school, but also, for your family.

As a responsible team member you are required to abide by the Code of Behaviour as outlined.

Remember, your behaviour will determine the opinions that people hold of Bradbury PS.

Our School has a proud record - please strive to uphold it.

At all times co-operate with your coach, team mates, and opponents – without them you do not have a competition.

Work equally hard for yourself and your team – your team’s performance will benefit and so will your own.

Compete by the rules and always abide by the referee’s/umpire’s or judge’s decision.

Be a good sport. Encourage fellow team members.

Control your temper. Make no criticism either by word or gesture.

Discuss the team’s expected Code of Behaviour with team management.

I have discussed the above code of conduct with my child and they agree to abide by it. I fully understand and support the school’s decision to exclude my child from participating in any Gala day if they have displayed inappropriate behaviour leading up to the event.

Parent/Caregiver’s Signature: ___________________________ Date: ______________

Student’s Signature: ___________________________ Date: ______________