



Regular Sport/Activity Permission Form

STUDENT'S NAME:.....YEAR LEVEL.....

RESIDENCE:

SPORT/ACTIVITY:.....ACTIVITY START DATE:.....

CONTACT PERSONS: (e.g. Coach, Instructor, President, Parent etc.)

Person 1 Name:.....

Address:.....

Tel:..... (Email).....

Person 2 Name:.....

Address:.....

Tel:..... (Email).....

VENUE OF SPORT/ACTIVITY Training:.....
Game:.....

TIMES OF TRAINING/GAME: Day:..... Times:.....
Day:..... Times:.....
Day:..... Times:.....

TRANSPORT TO AND FROM VENUE:

Would you like to use school transport where possible? Yes / No Alternate options:
Mode:..... Person:..... Host List Yes/No
Mode: Person: Host List Yes/No

Note: Sporting clubs may sometimes transport their players to "away games". If you have any concerns, please contact the club directly. The School cannot be held responsible for this situation.

LENGTH OF SPORT/ACTIVITY SEASON: TERM 1 TERM 2 TERM 3 TERM 4

COST OF SPORT/ACTIVITY:

Transport: \$..... Registration \$.....
Uniform \$..... Weekly Fees \$.....
Other: \$.....

Study Missed: *Yes or No *If Yes please be aware that your child must do make up sessions.

PARENT/GUARDIAN APPROVAL

I give permission for my (son/daughter)..... to participate in this sport/activity and have completed the club sign-on documents and agreed to pay relevant fees.

Parent/Guardian's Name:.....

Signature:..... Date: