



**GLENUNGA INTERNATIONAL HIGH SCHOOL
GIRLS SPORT – TERM 1
Information, Consent, Payment & Medical Form**

Consent

I give my consent for my daughter to play **AFTER SCHOOL SPORT** for G.I.H.S. in the Independent or Southern Zone Sporting Competition. Travel to and from the venue will be by student private arrangements for Independent Saturday competitions and taxi, private car or by bus depending on arrangements made by the school for mid week competitions.

I accept any decision or action made by the supervising teacher/parent/manager should my daughter require medical or dental treatment.

Student Obligation

I accept my daughter has made a commitment to play in this team and as such will:

- Attend all trainings and games or find a replacement after notifying the coach/manager or captain at least one day prior to a game.
- Indicate their availability by 1:30pm the day prior to their match.
- Wear the appropriate full sports uniform.
- Return the uniform in good condition, as soon as the last game is played.
- Follow all coaches/managers instructions.
- Play within the rules of the game; follow the referee's decision without question. The use of inappropriate language or physical aggression is not acceptable.
- All students are to uphold the good name of the school and abide by school rules and the sports policy at sporting venues or in transit, as written in the diary.

I understand my daughter will abide by the school expectation or normal school consequences will follow.

Student Name: _____

TERM 1

TYPE	PLAYING (please tick)	ENTRANCE FEE	DEPOSIT	TOTAL PAYABLE
Admin Fee		\$35		\$35
Volleyball		\$65		
Basketball		\$65	\$50	
Tennis		\$65		
Badminton		\$65		
Fencing		\$65		
				\$.

Please note: As this activity is not an essential element of the curriculum, this charge is a voluntary contribution. The student will not participate in this activity unless payment or written commitment to pay has been received.

While the activity is not essential, it has curriculum links that will benefit the student attending.

Parent/Guardian Signature: _____ Date: _____

*Section A -General Information
- To be completed by the parent/caregiver*

Student Name: _____ Home Group: _____

Parent/Caregiver Name: _____

Address: _____

Email: _____

Phone:
Home _____ Wk _____ Mobile _____

Emergency contact numbers and Medical Information

Friend or relative: _____

Phone: _____ Mobile: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Private Cover. Yes / No. Who? _____

Medical Information which is relevant to the coach/ supervisor:

Please Note -: The school does not carry any insurance cover in the event of any accident, which may occur as a result of this activity. The school will always do its best in relation to preparation, care and supervision but sporting accidents do sometimes occur. It is strongly recommended that parents/caregivers carry separate or additional medical or accident insurance in these circumstances. Please contact the school if you have any questions in relation to this matter.

Please circle if you are able to assist in any of the following:
Coach / Supervisor / Referee / Scorer / Transport

Office Use: Paid- Cash / Cheque / Other