

SCHOOL SPORT ACT ATHLETE CONSENT FORM

PARENT / GUARDIAN

I give permission for (insert full student name) _____

as a student of (insert school) _____

to attend and participate in the following School Sport Australia Event:

Sport: _____ Primary / Secondary

Location of event: _____ Dates of event: _____ to _____

- I agree to pay all fees and levies as informed by the Team Officials for my son/daughter to attend and participate in the School Sport Australia Event.
- I agree that my son/daughter will be under the authority of the appointed School Sport ACT Team Officials for the duration of the Event, and that the official in charge is authorised to return my son/daughter home at my expense if the Team Officials consider that circumstances warrant such action.
- I agree to provide all necessary medical information/requirements for my son/daughter as outlined on the attached Student Medical Form
- I give authorisation for the Team Officials to make arrangements for the welfare of my son/daughter (including medical or surgical treatment) in an emergency.
- I agree to my son/daughter participating in swimming/water activities associated with the Event. (This may include training/recovery sessions, excursions, and billet/accommodation facilities).

Please provide details of any special requirements necessary for the student to participate in swimming/water activities: _____

- I agree that my son/daughter will travel to the Event by the method of transport as informed by the Team Officials. I understand that all students must travel with the School Sport ACT Team to and from the Event.
- I agree that my son/daughter will wear the correct School Sport ACT uniforms as informed by the Team Officials during, and including travel to and from, the event.
- I acknowledge that I have been provided with a copy of the School Sport ACT Code of Behaviour policy for Parents & Spectators and agree to abide by it at all times whilst at all School Sport ACT trainings, competitions, functions and events.

Signed: _____ Parent/Guardian Date: _____

STUDENT

I acknowledge that I have been provided with a copy of the School Sport ACT Code of Behaviour policy for Athletes and agree to abide by it at all times while I am a member of a School Sport ACT Representative Team.

Signed: _____ Date: _____

SCHOOL PRINCIPAL

I certify that the student listed on this form is enrolled at this school and has the school's permission to attend and participate in the School Sport Australia Event on this occasion.

Signed: _____ Date: _____

This form requests information about students that will be held in confidence by the Team Officials. This information may be disclosed to medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Schools Sports Council.