

# GIRLS SPORT CONSENT/PAYMENT FORM – Term 1, 2018

\*To be returned by **FRIDAY 2<sup>nd</sup> February, 2018\***

STUDENT NAME: \_\_\_\_\_

2018 YEAR LEVEL \_\_\_\_\_

NOMINATED SPORT/S (please tick end box): \_\_\_\_\_

SPORT & YR LEVEL	DAY PLAYED	TIME PLAYED	COMMENCING	COST	
BADMINTON (Yr 8-12)	Saturday	9am or 10.30am	10 <sup>th</sup> Feb (week 2)	\$90 (total for terms 1& 4)	<input type="checkbox"/>
BASKETBALL (Yr 8-12)	Wednesday	3.30pm – 4.30pm	21 <sup>st</sup> Feb (week 4)	\$70 (term 1 only)	<input type="checkbox"/>
BASKETBALL (Yr 8-12)	Saturday	8.30am or 9.30am	17 <sup>th</sup> Feb (week 3)	\$90 (term 1 only)	<input type="checkbox"/>
INDOOR SOCCER (Yr 8-9)	Monday	3.30pm – 4.30pm	19 <sup>th</sup> Feb (week 4)	\$70 (term 1 only)	<input type="checkbox"/>
INDOOR SOCCER (Yr 10-12)	Thursday	3.30pm – 4.30pm	22 <sup>nd</sup> Feb (week 4)	\$70 (term 1 only)	<input type="checkbox"/>
TENNIS (Yr 8-12)	Wednesday	3.30pm – 4.30pm	21 <sup>st</sup> Feb (week 4)	\$70 (term 1 only)	<input type="checkbox"/>
TOUCH (Yr 8-12)	Saturday	8.15am – 11.30am	17 <sup>th</sup> Feb (week 3)	\$70 (term 1 only)	<input type="checkbox"/>
VOLLEYBALL (Yr 8-9)	Tuesday	3.30pm – 4.30pm	20 <sup>th</sup> Feb (week 4)	\$70 (term 1 only)	<input type="checkbox"/>
ROWING: Enquiries to rowing coordinator JOSHUA WHITWELL ph: 0401 121 217 / joshua.whitwell@uhs.sa.edu.au					

**PAYMENT** by cash, cheque (made out to Unley High School) or credit card (complete details at the bottom of this page) can be made with the return of this form to STUDENT SERVICES by **FRIDAY 2<sup>nd</sup> FEBRUARY, 2018**.

### CONSENT / BEHAVIOUR DECLARATION:

*PARENT/GUARDIAN:* I give my consent for the above named student to participate in the indicated sports. I also give consent for transportation to and from matches by hire bus, taxi or the Coach / Team Manager’s private car as coordinated by the school. I give my consent for my child’s details to be given to the team coach. Both my child and I have read the “Code of Behaviour” and agree to adhere to all parent/spectator/player responsibilities. I understand that the school does not carry any insurance cover in the event of any accident which may occur as a result of this activity and it is my responsibility to have separate/additional medical or accident insurance if I wish to. I must advise the school if I don’t wish for my child to have ‘action’ sport photographs taken which may be displayed at school or appear in on-line newsletters (no names will be printed).

Signed (parent): \_\_\_\_\_ DATE: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS (please write clearly):

First contact person: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**\*\*Email Address:** \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

### MEDICAL CONDITIONS: (attach additional pages if necessary)

\_\_\_\_\_  
 \_\_\_\_\_

### PARENT HELP:

We would greatly appreciate any assistance you may be able to offer with your child’s team. Parent support ensures that the after school sport program is adequately managed. Please indicate if you are able to assist with any of the following:

Coaching / team management / supervision / umpiring / scoring / transport

----& (finance office only) -----

### CREDIT CARD DETAILS:

Card Type: Visa / Mastercard / Bankcard      Amount Paid: \$ \_\_\_\_\_      Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_      Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_      Verification Code (located on rear of card, 3 digits): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_