

BOYS SPORT CONSENT/PAYMENT FORM – Term 2-3, 2018

*To be returned by **FRIDAY 9th MARCH, 2018***

STUDENT NAME: _____ 2018 YEAR LEVEL _____

NOMINATED SPORT/S (please tick end box): _____

SPORT & YR LEVEL	DAY PLAYED	TIME PLAYED	COMMENCING	COST	
BASKETBALL (Yr 8-12)	Saturday	8.30am/9.30am/10.30am	12 th May	\$90	<input type="checkbox"/>
SOCCER (Yr 8-12)	Saturday	8.30am / 10.00am	12 th May	\$90	<input type="checkbox"/>
FOOTBALL (Yr 8-10)	Saturday	8.30am / 10.30am	12 th May	\$90	<input type="checkbox"/>
OPEN FOOTBALL (Yr 11-12)	Wednesday	3.30pm – 5.15pm	23 rd May	\$70	<input type="checkbox"/>
OPEN FOOTBALL GUERNSEY (Yr 11-12)	Please see Tim to check size & give name & number			\$60	<input type="checkbox"/>
RUGBY (yr 8-11)	Thursday	4:00 – 5:00pm	5 th May** TBC	\$75	<input type="checkbox"/>
TABLE TENNIS (Yr 8-12)	Thursday	3.30pm – 4.30pm	24 th May	\$70	<input type="checkbox"/>
VOLLEYBALL (Yr 8-9)	Tuesday	3.30pm – 4.30pm	22 nd May	\$60	<input type="checkbox"/>
VOLLEYBALL–Junior League (yr 8-12)	Friday	SEPARATE LEAGUE VOLLEYBALL NOMINATION FORMS AVAILABLE SOON			
ROWING: Enquiries to rowing coordinator JOSH WHITWELL ph: 0401 121 217 / email: 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 9th MARCH, 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: _____