

School Sport SA Sapsasa Swimming trial and event consent form USE

Student information

District:	USE		
Sport/ event:	ADELAIDE SWIMMING CARNIVAL		
Student's name:			
School:			
Year level:		Date of birth:	
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	
School card holder:	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Aboriginal / Torres Strait Islander:	<input type="checkbox"/> Y	<input type="checkbox"/> N	
English as an Additional Language or Dialect (EALD):	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Parent/Caregiver Information

Parent/Caregiver name:			
Home address:			
Email:			
Mobile:		Home phone:	

Transport

A parent/caregiver must organise transport for any Sapsasa trial or event so that their child is dropped off and collected at the nominated times. Please confirm departure with the team coach. **(Parents often organise car pools to help avoid disruptions to work etc., it is important to inform your school or Coach if you make this type of arrangement)**

Permissions

I agree to delegate my authority to supervising teachers/ managers. Such supervisors may take whatever action they deem necessary to ensure the safety and wellbeing of the student in their care.	<input type="checkbox"/> Y <input type="checkbox"/> N
I give permission for my child to attend the district trial and to be considered for selection.	<input type="checkbox"/> Y <input type="checkbox"/> N
Commitment to Pay I am aware that this is an optional activity and a levy will be applied and that unless payment or written commitment to pay has been received that my child will not attend. I therefore agree to pay the required cost by the due date.	<input type="checkbox"/> Y <input type="checkbox"/> N
I give permission for team officials to obtain medical or dental treatment for my child if necessary.	<input type="checkbox"/> Y <input type="checkbox"/> N
I accept any responsibility for any cost involved with medical or dental treatment my child receives.	<input type="checkbox"/> Y <input type="checkbox"/> N
I give permission for the Department for Education School Sport Team to create/use: <ul style="list-style-type: none"> photographs, video or audio recordings of my child my child's name and school name and to distribute them in the following locations <ul style="list-style-type: none"> printed publications (eg newsletters, promotion material) secure intranet websites publicly accessible websites, including social media accounts 	<input type="checkbox"/> Y <input type="checkbox"/> N

Signed: _____ Date : _____

Please note: School Sport SA nor Department for Education insure children against accidents. Parents are strongly encouraged to insure their children against accidental injury and ambulance transportation. Special insurance policies that provide 24 hour cover are available through private insurance companies.

This form must be given to your school front office staff. Office staff will scan and e-mail a copy of this form to Carol Pfitzner (District Convenor) Carol.Pfitzner242@schools.sa.edu.au. The original will then be archived in your school.





Government of South Australia
Department for Education

