# School Sport SA Sapsasa Swimming trial and event consent form USE

### Student information

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| District: | USE |  |  |
| Sport/ event: | SWIMMING TRIALS – KEITH 19/2/21, IF SELECTED IN TEAM, ADELAIDE CARNIVAL 26/3/21 |
| Student’s name: |       |
| School: |       |
| Year level: |       | Date of birth: |       |
| Gender: |  [ ]  M [ ]  F |
| School card holder: |  [ ]  Y [ ]  N |
| Aboriginal / Torres Strait Islander: |  [ ]  Y [ ]  N |
| English as an Additional Language or Dialect (EALD): |  [ ]  Y [ ]  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. | [ ]  Y [ ]  N |
| --- | --- |
| I give permission for my child to attend the district trial on the 19/2/21 and if selected, I give permission to attend the School Sport SA Country State Carnival in Adelaide on the 26/2/21. | [ ]  Y [ ]  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. | [ ]  Y [ ]  N |
| I give permission for team officials to obtain medical or dental treatment for my child if necessary. | [ ]  Y [ ]  N |
| I accept any responsibility for any cost involved with medical or dental treatment my child receives. | [ ]  Y [ ]  N |
| I give permission for the Department for Education School Sport Team to create/use:* photographs, video or audio recordings of my child
* my child’s name and school name

and to distribute them in the following locations* printed publications (eg newsletters, promotion material)
* secure intranet websites
* publicly accessible websites, including social media accounts
 | [ ]  Y [ ]  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 e-mailed to Bronwyn.Longbottom391@schools.sa.edu.au and Carol Pfitzner Carol.Pfitzner242@schools.sa.edu.au by Friday the 12th of February, 2021.