

Western School Sports Association

Consent to attend a Western regional sporting event

Your child has been selected to represent your district at the Western SSA Trials.

For further information please visit app.education.nsw.gov.au/sport.

Name of event	Western SSA – 2024 Rugby Union Girls 7s Trial
Date	Wednesday 10th April 2024 <i>Note due Monday 25th March</i>
Time	10am – 1pm
Venue	Bicentennial Park, Wellington
Supervising Teachers	Anne Styles and Gemma Mitchell (Wellington PS)
Travel	Players are responsible for their own transport to and from the trial
Equipment	Players are to provide their own headgear and mouthguards. The wearing of a Mouthguard is mandatory and must be worn at all times.

Students who are not available to represent Western SSA at the State Carnival should **not** attend this trial. The carnival is 9th-10th September 2024 in Camden.

1. Student details

Student details	Insert required student details
Full name	
Date of birth	
School name	
District name	

2. Student medical details

Student medical details	Insert required student medical details
Asthma	Yes / No
Epilepsy	Yes / No
Allergies	
Medications	

Student medical details	Insert required student medical details
Non allowable foods	
Does your child have an ASCIA action plan? Yes or no? (If yes, a copy must be attached to this form).	

Please detail any medical or special needs which the convener should be aware of, including any behaviour management or other specialised plans (copies of plans to be attached).

- I have read the information issued and I hereby consent to my child participating in this event.
- I consent to my child playing and training for Rugby as part of the Western SSA program
- In the event of accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- To the best of my knowledge, my child has no medical condition or injury that places him/her at risk in participating in this sport activity.
- While I appreciate the efforts made by the convenor to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what is essentially a body contact sport. I understand that the wearing of a correctly fitted mouthguard is mandatory in all games and training sessions.
- I consent to my son/daughter travelling in a private vehicle

3. Parent/Caregiver details and consent

Parent/caregiver details	Insert required parent/caregiver details
Full name	
Home address	
Mobile phone number	
Email address	

Name and signature of parent/caregiver

Date: _____

4. Principal's declaration

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent District PSSA on this occasion.
- A copy of this consent form will be retained by my school.

Name and signature of principal

Date: _____