



Sport Information, Consent and Medical Form

SPORE _____ **COACH/MANAGER** _____

CONSENT

I give my consent for my son to play sport for Blackfriars in the Independent Schools Sporting Association competition. Travel to and from the venue will be by student private arrangements for Independent Friday and Saturday competitions and by taxi, private car or bus, depending on arrangements made by the school for mid week competitions.

I accept any decision or action made by the supervising teacher, parent or manager should my son require medical treatment. I understand that Blackfriars has ambulance cover as part of the school insurance portfolio and than an ambulance will be contacted if needed.

Student Obligation

I accept my son has made a commitment to play in this team and as such will:

- Give priority to school teams as required by ISSA membership
- Attend all trainings and games or find a replacement after notifying the coach/manager at least three days prior to a game
- Wear the appropriate full sports uniform
- Follow all coach/manager instructions
- Play within the rules of the game, following the referee/umpire decision without question and the use of inappropriate language or physical aggression is not acceptable
- All students are to uphold the good name of the school and abide by the school rules and the sports policy at sporting venues or in transit, as written in the diary.

I understand my son will abide by the school expectations as outlined at the front of the student diary. Consequences for failure to do so will be in accord with ISSA policy.

Parent Assistance

I can help with supervision, coaching, transport some weeks. YES NO

Please print all information clearly

SECTION A

General Information – to be completed by parent/caregiver

Student Name: _____ Home Group: _____

Date of Birth: _____ Year Level: _____

Parent/Caregiver _____ Name: _____

Address: _____

Phone (H): _____ (W): _____ (M) _____

Section B

Emergency contact numbers and Medical Information

Friend or Relative: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Is the student covered by a private medical benefits fund as well as Medicare?

Private Cover. Yes Fund Name: _____ No

Medicare Number: _____

Medical information which may be relevant to the coach or supervisor:

Allergies to: _____

Parent/Caregiver: _____ Date: _____

*Leo Panzarino
Co-curricular Co-ordinator*