

SPORTING SCHOOLS PROGRAM

Student's Name:

Room Number:

Date of Birth:

School Year:




Sex: Male

Female

Parent/Guardian Full Name:

Relationship to Child:

Contact Information

| | | |
|---|---|---|
|  Home: |  Work: |  Mobile: |
| Address: | | |
| Post Code: | | |
| I have read and understood the information regarding the Sporting Schools Program for Term 1 and give my consent for my child to attend: | | |
| Signature of parent/guardian: _____ Date _____ | | |