



ROCKHAMPTON DISTRICT INTER-SCHOOL SPORT

PARENT/ GUARDIAN CONSENT FORM **BOYS FUTSAL COMPETITION**

Name: _____ Date of Birth: ___/___/___
Contact Phone: (H) _____ (W) _____ (M) _____
Parent/Guardian's Name: _____ Signature: _____

COMPETITION INFORMATION:

COMMENCEMENT DATE: Wednesday 10th February 2021
CONCLUSION DATE: Grand Final on Wednesday 31st March 2021
VENUE: VARIOUS **TIME:** TBA
COST: \$10.00 **COACHES:** Mr A Wilson, Mr S Thomas, Ms Currie
Mr Z Lynam

SUPERVISION: Please note, TCC staff/ appointed coaches will only provide supervision for students **15 minutes prior to the commencement of a training session/ game, the training session/ game itself and 15 minutes after the end of the training session/ game for the duration of the season.** Supervision outside of these times will not be provided by the College.

I agree that, during the period of the aforesaid competition in which my son/daughter participates, he/she will abide by the directions given by those appointed in charge. I further agree to meet the costs of any accident, illness and unforeseen circumstances, which may occur.

I have read and fully accept the **TEAM MEMBERS CODE OF BEHAVIOUR** and **MEDIA RELEASE** contents and conditions, and accept the parental responsibilities contained therein. I also state that my daughter/son's medical details are up to date and that **The Cathedral College** have an up-to-date record of these. Please place a tick in this box if you accept the above conditions.

RETURN THIS FORM (COMPLETED) AND LEVY TO THE COLLEGE OFFICE BY **10/02/2021.**

SPORT: FUTSAL
DEPT: INTER-SCHOOL SPORT **COST:** \$10.00 **DUE DATE:** **10/02/2021**
RECEIPT#: _____ **OFFICE USE: DATE:** ___/___/___
CODE: 12-00-0230-93 **COMMENT:** INTERSCHOOL COMP.