



Surf Coast Secondary College
Inter School Sport & Whole School House Carnival Permission Form

As part of the College's Sport Program, your son/daughter may be selected to represent SCSC in an Inter School Sports teams. Sports include:

- Netball
- Volleyball
- Basketball
- Cricket
- Hockey
- Badminton
- Football
- Cross Country
- Swimming
- Athletics
- Table Tennis
- Beach Carnival

In addition, each year Surf Coast Secondary College holds a whole school House Swimming & Athletics Carnivals. Although not all students are able to participate in Carnival events, all students are encouraged to attend to cheer on their fellow House members.

Cost: A charge of **\$6.00** is payable to cover costs of transport for each activity. The team will travel to and from the venue by bus. This must be paid prior to the date of each activity.

Dress: College Sports Uniform

Other Information: Students should bring sunscreen, hat, snacks, lunch and drink.

Note: By signing this permission form you are giving consent for your child to participate in Inter School Sports activities & whole school House Carnivals throughout their schooling at Surf Coast Secondary College.

✂.....PLEASE RETURN THIS SLIP TO THE ADMINISTRATION OFFICE.....

Surf Coast Secondary College
Inter School Sports & Whole School House Carnival Permission Form & Consent to Medical Attention

I hereby give permission for

to participate in any Inter School Sports my son/daughter is selected for & whole school House Carnivals whilst they are a student at Surf Coast SC. I also give permission for my child to participate in further events associated with membership of this team (for example: Finals) with the understanding the College will communicate event information as required.

Where the teacher in charge of the events is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- ✓ Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- ✓ Administer such first aid as the teacher in charge may judge to be reasonably necessary

It is essential that staff have adequate and up to date medical information about your child. Please list any medical conditions that may be relevant to the excursion:

Medical Condition:

Medication Requirements:

Other Relevant Information:

Emergency Contact Name: Phone:

Signature of Parent/Guardian: Date: