



# TRINITY COAST SOUTH DISTRICT TRIALS - CONSENT FORM

Dear Parent/Caregiver,

We are pleased to invite your child to trial for a Trinity Coast South 13-19 Representative Sport Team.

TCS \_\_\_\_\_ TRIAL AT \_\_\_\_\_ ON \_\_\_\_\_ FROM 4:00pm  
*insert gender, insert age group                      insert school/venue                      insert date*

Students selected for the Trinity Coast South Representative Team can compete at the Peninsula Carnival without making themselves available for the Peninsula Team

Please complete the attached paperwork front and back and bring to the trial.

- o sign parental consent
- o sign available for selection
- o complete student details
- o complete medical form
- o sign project consent (media release)

### SCHOOL APPROVAL / PARENTAL CONSENT

#### PARENTAL CONSENT

STUDENT'S FULL NAME (PLEASE PRINT)

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DATE OF BIRTH ...../ ...../ ..... SCHOOL ATTENDED: .....

#### PARENT / GUARDIAN APPROVAL

As Parent / Guardian, I give approval for participation in the above Trinity Coast South District Trial **and for team officials to contact my child by phone or email during the representative season, but only on sport specific business.**

PARENT / GUARDIAN SIGNATURE .....

PARENT / GUARDIAN CONTACT PHONE NUMBER/S .....

#### SCHOOL / PRINCIPAL'S APPROVAL

As school Principal or Approved Delegate, I give permission for the above named student to participate in the above named Trinity Coast South District Trial.

I verify that the above date of birth is correct.

PRINCIPAL'S/DELEGATE'S SIGNATURE .....