Sporting	in Schools – I	Parent\	Guardia	an Conse	ent Form							
Sporting in School details:	Golf											
School or OSHCS Name	School or OSHCS Name TOOLAMBA PRIMARY SCHOOL											
Activity(s) being delivered	Term 3 A	activities		– 4pm (45 mi 1 th 18 th and 2:	5 minutes) d 25 th of August							
Child/ren details: To be completely Please include all children who a	•				s term.							
First name		Last n	ame			Sex (circle one)						
Child 1						M F						
Date of birth			Aboriginal or der origin?		School Yea	r (eg Year 4)						
d d m m	у у у у	Ye	es	No								
First name		Last n	ama			Sex (circle one)						
Child 2		Dast	ame			M F						
Date of hinth			Aboriginal or		Sahaal Vaa	* (az Vazu 4)						
Date of birth d d m m	y y y y	Ye	der origin?	No	School Yea	r (eg Year 4)						
First name		Last n	ama			Sex (circle one)						
Child 3		Last	ame			M F						
Date of birth			Aboriginal or der origin?		School Yea	r (eg Year 4)						
d d m m	y y y y	Ye		No								
Parent\Guardian details: To	be completed by Par	rent\Guard	ian. PLEAS	SE USE CAP.	ITALS							
Parent\Guardian first name	Parent	t\Guardian	last name		Relationshi	p to the child/ren						
Does your household speak any lother than English at home? (circ			es, what er languages	?								
Postal address			1 1									
Suburb/town				Pos	tcode	State/Territory						
Home landline phone number ()		Work (a landline ph	one number	(if applicable)							
Mobile phone number (if applicable)	ble)		<i>'</i>									
19 44					Pleas	se turn over						

	Child/ren n	nedic	al inf	orma	tion:	To be	compl	eted by	, Paren	t\Guara	lian						
	Please tick if y medication w									ke any			Child 1		Child 2		Child 3
							your child/ren should not participate in /ren due to medical or other reasons?						Child 1		Child 2		Child 3
	If ticked abov provide detail child:																
	Consent\Au	ıthori	ity to	parti	icipate	in th	ie Spo	rting	in Sch	ools P	rogra	m:					
1.		or legal guardian of the child/ren named above (my child/ren), I give my permission for my child/ren to participate in the hools program activities specified above, to be conducted by the School\OSHCS named above.															
2.	my child/ren ma	use the Australian Sports Commission (ASC) from any liability to my child/ren or myself in relation to any injury or illness that may suffer, and for loss or damage to property, in connection with the activities, except to the extent that liability arises as a regligence of the ASC.															
3.	School\OSHCS	and agree that the School\OSHCS collects personal information for the purposes of conducting the activities, and that the S may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the chools" program.															
4.		nission to the supervisors of the activities appointed by the School\OSHCS to implement the School\OSHCS code of conduct er reasonable measures to ensure the successful conduct of the activities and safety and well-being of the activity participants.															
5.	registered medi	Fany injury or illness to my child/ren, I authorise the supervisors to apply or arrange first aid and to arrange examination by a lical practitioner and, if contact with me is impracticable or impossible, to arrange whatever medical treatment the registered tioner considers necessary at that time. I will pay all medical expenses incurred on behalf of my child/ren.															
6.	I have provided all information necessary for the supervisors to plan safe participation by my child/ren in the activities, including, if relevant, details of any activities that my child/ren should not participate in or that should be modified for my child/ren due to medical or other reasons.																
	Consent\Au	ıthori	ity to	parti	icipate	in th	ie Spo	rting	in Sch	ools P	rogra	m Ev	valuatio	on:			
7.	The ASC is unc "Active After-s contact you in interview may a kind of impact	chool" the fut ask you	prograr ure to i about t	n, inclu i nvite y he type	iding par v ou to p a es of phy	ticipati rticipa sical ac	ng child I te in a Etivity yo	lren and telephor our child	their par ie interv /ren take	ents\guar riew that es part in,	dians. T could t how yo	The AS ake ab our chil	C and its o out 15 m d/ren feel	contr inute s abo	racted resear es of your to out physical	rche ime act	ers may • The ivity, what
8.	Involvement in reporting will b									nly select	ed. All	respoi	nses will b	e ke	pt confident	tial	and any
	and its contrac	e box below to indicate that you do grant permission, the details you provide on this form may be passed on to the ASC acted researchers for the above research with parents/guardians.															
9.	Your child/reprogram. This their opinion of and typically ta	is a sho the "S _l	ort ques	tionnai in Scho	ire that as	sks him gram.	/her abo	out what	they like	e to do afi	er scho	ol, hov	they feel	abo	ut physical	acti	vity, and
10.	Involvement in will be generali								ndomly s	elected.	All resp	onses	will be ke	pt co	nfidential a	nd a	any reporting
	If you tick the and its contract I <u>GRANT</u> perm	eted res	earche	rs for t	the abov	e re <u>sea</u>					provid	e on th	nis form n	nay l	be passed o	n to	the ASC
	Γ	I have	read, u	ınderst	ood and	agree	to the a	bove te	rms and	conditio	ns.						
	Name																
	Signed																
	Date	d	d		m	m		У	У	У	у						