



PERMISSION FOR PARTICIPATION IN ONSITE & OFF SITE BODY CONTACT & NON-CONTACT SPORT & ACTIVITIES 2024

SECTION 1: STUDENT DETAILS

Student Name: _____

Year Group: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

SECTION 2: PERMISSION TO PARTICIPATE IN ONSITE AFTER SCHOOL SPORT & ACTIVITIES

I give permission for my student to participate in the following onsite after school sport & activities whilst they are enrolled in Yanco Agricultural High School. *Please* ☒

Yes	No	Sport	Yes	No	Sport
<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	<input type="checkbox"/>	Netball	<input type="checkbox"/>	<input type="checkbox"/>	Gym work
<input type="checkbox"/>	<input type="checkbox"/>	Touch football	<input type="checkbox"/>	<input type="checkbox"/>	Dancing
<input type="checkbox"/>	<input type="checkbox"/>	Push bike riding	<input type="checkbox"/>	<input type="checkbox"/>	Volley Ball
<input type="checkbox"/>	<input type="checkbox"/>	Cricket	<input type="checkbox"/>	<input type="checkbox"/>	Other: Please list below
<input type="checkbox"/>	<input type="checkbox"/>	Lawn Bowls	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Indoor Hockey	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3: PERMISSION TO PARTICIPATE IN ONSITE & OFFSITE BODY CONTACT SPORT

Department guidelines governing school sport require parental consent for each code of body contact sport annually. I give permission for my student to participate in the following body contact sports a part of the school sport program:

Please ☒

Yes	No	Sport	Yes	No	Sport
<input type="checkbox"/>	<input type="checkbox"/>	Rugby League	<input type="checkbox"/>	<input type="checkbox"/>	Hockey
<input type="checkbox"/>	<input type="checkbox"/>	Rugby Union	<input type="checkbox"/>	<input type="checkbox"/>	Other: Please list below
<input type="checkbox"/>	<input type="checkbox"/>	Australian Football	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	

☐ I understand that this may involve participation in representative games.

SECTION 4: GENERAL PERMISSION FOR ONSITE & OFFSITE DAY SCHOOL & BOARDING SCHOOL ACTIVITIES

Please ☒

- ☐ While every effort is made by the school to minimise the possibility of injury, I understand that there will be some degree of risk in participation in what is essentially body contact sport.
- ☐ In the event of an emergency in the above situations, I consent to securing of an ambulance and/or medical attention and understand that the Department school ambulance insurance only covers school hours. If parents require ambulance cover after school hours it is recommended that private ambulance cover be taken by parents. Any additional costs are the responsibility of the parent/carer.

Parent/Carer Name: (Please Print) _____

Parent/Carer Signature: _____ Date: _____