Monday, 29 February 2016

PERMISSION TO PLAY RUGBY LEAGUE

I give permission for my child ________________________________
(Full name)

to play rugby league as part of the intra and inter-school sport program of the school. If my child is selected to play in trials and representative games at the zone and area level, I understand that I will be notified and my permission sought.

While I appreciate the efforts made by the school to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what is essentially a body contact sport. I understand that the wearing of a correctly fitted mouthguard and headgear is mandatory in all games and training sessions.

Under no circumstances should my child be allowed to play/trial in the following positions:

________________________________________

Please return this PERMISSION TO PLAY RUGBY LEAGUE note to the front office.

This note needs to be returned to the School Front Office prior to your child participating in any training sessions or games.

Parent or caregiver's name: __________________________________________
(Please Print)

Signature: _________________________________________________________

Date: ______________

Kate Huckle
Sports Organiser

Jane Strachan
Head Teacher

Meagan Crelley
Principal