Form 2A
Parent Consent Form

I hereby give my consent for my son/daughter __________________________ to participate in any competition conducted under the auspices of or participated in by the Queensland School Sport Council or any affiliated body and I hereby give my permission for him/her to use such known forms of transport, including air transport, for such travelling as may be deemed necessary.

I agree that, during the periods of the aforesaid competition in which my son/daughter participated, and during such travelling and other activities as maybe deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the squad/s and/or team/s in which he/she is included.

I further agree to meet the costs for any illness, accident or unforeseen circumstances which may occur during the periods of the activities in which my son/daughter participates and during such travelling and other activities as may be deemed necessary.

I acknowledge the fact that Capricornia School Sport/Education Qld carries no insurance cover against accident/injury during competition and associated activities. (eg travel, training etc.)

In the event of my requesting and being given approval to arrange private accommodation for my son/daughter, I accept all the responsibilities (this includes transport to and from the playing venue each day) in relation to the intrastate competitions. I also understand that whilst at the championships my son/daughter is still under the control of Capricornia team officials during competition hours and any official functions connected with the intrastate competition.

I also agree that my son/daughter is responsible for sun protection by providing his/her own hat and SPF 30+ (or higher) broad spectrum sunscreen.

I have read the Behaviour Management Policy and the Code of Conduct for Parents and Spectators, understand its contents and conditions, and accept the parental responsibilities contained therein.

I understand that in consenting for my child to participate in this team, I will agree to assist with the Capricornia School Sport billet program if called upon in the future.

Signed: __________________________
(Parent/Guardian) Date: / / 

Student's Agreement to the Code of Conduct

I __________________________________ have read and understand the Code of Conduct (Students, Parents and Spectators) and agree to abide by its conditions.

Signed: __________________________
(Student) Date: / / 

Capricornia School Sport as an operational unit of the Department of Education, Training and Employment is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorised by Capricornia School Sport including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student healthy and welfare.