



Bayside Sports Academy
Cleveland District State High School
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“Sport Career Pathways”

Melior Citius Fortius Faber

EVENT PERMISSION FORM

I give my child permission to participate in the following event:

Event: _____ **Event Date/s:** _____

Player: _____ **Home Group:** _____

Parent/Guardian contact details - Name: _____

Phone: _____ **Mobile:** _____

Medicare Number: _____

Health Fund Details (if any): _____

Medical Details:

Is there any current or specific medical or physical conditions in relation to your child we should be aware of for this game? Yes No *(if no, please go to signature below)*

Recent Illness? Yes / No _____

Medication? Yes / No _____

Headaches? Yes / No _____

Injuries? Yes / No _____

Asthma? Yes / No _____

Other Yes / No _____

Parents signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO YOUR COACH PRIOR TO THE EVENT

Better

Faster

Stronger

Smarter