**East Hills Boys High School**

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**GRADE SPORT CONSENT FORM**

**Season One – 2023**

Dear Parent/Guardian,

Your son has been chosen to represent East Hills Boys High School in the Bankstown Zone Grade Sport competition. Trials for Grade Sport teams will be held on Tuesdays 7 and 14 February. The Grade Sport competition for season one will run each Tuesday afternoon, starting on Tuesday 21 February and finishing on Tuesday 23 May. The Bankstown Zone consists of the following schools: Condell Park HS, East Hills BHS, Moorebank HS, Picnic Point HS, Punchbowl BHS, Sir Joseph Banks HS.

In order to participate in the grade sport competition, the school requires the following commitment:

* I understand that students travel to and from sport by bus, train or on foot under the supervision of a teacher.
* I understand that my child may need **COMPULSORY PERSONAL PROTECTIVE EQUIPMENT** to participate in the selected sport.
* I understand that my son will not be allowed to participate in sport unless he is in full school sports uniform.
* I understand that the school recommends that each student wear a suitable hat and sunscreen when outdoors and provide their own water.
* I understand that some sports require a **FEE** for transportation and / or the hire of venue or equipment.

In regards to the payment for your son’s Grade Sport fee, students are required to pay $7 each Tuesday as they board the bus.



M.Tran A. Kontellis (Deputy Principal)

Sports Organiser for P. Abboud (Principal)

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I hereby consent to my son participating in Grade Sport for the duration of Season 1, 2023.

STUDENT’S NAME: (Given) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ ROLL CALL: \_\_\_\_\_\_\_\_\_\_\_\_

Please tick the grade sport your son will be participating in:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sport** | **Venue** | **Senior** | **Junior** | **Cost** |
| **8-a-side Soccer** | The Crest / Neville Reserve | |  | | --- | |  | | |  | | --- | |  | | **$7 per week** |
| **Oztag** | Marco / Kelso Reserve | |  | | --- | |  | | |  | | --- | |  | | **Nil** |
| **Volleyball** | Kinch Reserve | |  | | --- | |  | | |  | | --- | |  | | **$7 per week** |

Special needs of my child supervising staff should be aware of are:

* Medical (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Allergies (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Allergy to the following medication/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that First Aid/Medical Aid will be provided to or organised for my child if staff consider it necessary.

**SIGNATURE OF PARENT/CAREGIVER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Students will not be permitted to attend sport if this note has not been returned.**