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| **ACT 12&U Championship – Information and Consent Form****(This form to be accompanied by the relevant Medical Consent for your Sector)** |
| **Region Representing** |  |
| **Sport****Highlight event/s** | **ACT 12&U SWIMMING CHAMPIONSHIPS**200IM, 50 free, 100 free, 50 back, 100 back, 50 breast, 100 breast, 50 fly, 100 fly, 200 free |
| **Date(s) of Championships** | Tuesday 7 May |
| **Venue**  | AIS |
| **Time of event(s)** | 8.30am Warm-Up9:15am Program Start  |
| **Arrival time****Collection time** | 30 mins before race |
| **Requirements****(Specific gear, uniform)** | Swimmers, towel, goggles, swim cap Permission note to be given to your team manager on the day |
| **Cost** | $10.00 Participation Fee to be paid directly to your school prior to event |
| **Further Information****(Canteen facilities, wet weather provision etc.)** | Canteen and coffee facilities available. Students are encouraged to bring their own water bottle. |
| **Team Official/s** | Belconnen Region – Jasmine Paunovic (Maribyrnong PS)North/Gungahlin Region – Katelyn Kozjak (Holy Spirit PS)Tuggeranong Region – Laura Hay (St Francis of Assisi PS)South/Weston Region – Ben Davis (Holy Trinity PS) |

**Parental Consent**

As a parent/guardian of …………………………………………………………… from …………………………………………………………… *(Student’s Name)* *(School)*

I give my consent for him/her to participate in the ACT Championship listed above, and agree to delegate my authority to the teachers and officials involved. Such teachers and officials may take whatever discipline they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I also authorise the teachers and officials to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above mentioned student.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have sighted the Code of Conduct (to be found on the SSACT website) and agree that if my child contravenes behavioural expectations he/she may be immediately excluded from the team.

* I agree to collect my child by the time specified for conclusion of the event.
* I have paid the $10 Participation Fee to my child’s school.

**Parent/Guardian name:** …………………………………………………**Mobile Contact on the day**: …………………………………….

**Parent/Guardian signature:** …………………………………………………………………………… **Date:** …………………………………….

**Please return the signed Consent Form to the Team Official listed in the above table of information.**