



# Trinity Coast Central Sport

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## FORM 2

### TRINITY COAST CENTRAL DISTRICT SPORT

### CONSENT FORM

Dear Parent/Carer,

We are pleased to invite your son/daughter to trial for the Trinity Coast Central District Sport team. Details of this trial are as follows:

Convenor: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Sport: \_\_\_\_\_

Age: 15 and under OR Open (please circle)

Where: \_\_\_\_\_

When: \_\_\_\_\_ (day and date)

Start Time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Student Requirements: .....

### Parental Consent / Principal Approval

#### Parental Consent

Student's Full Name (Please Print)

.....

Date Of Birth ...../ ..... / ..... School Attended: .....

#### Parent / Carer Approval

As Parent / Guardian, I give approval for participation in the above Trinity Coast Central District Trial and for team officials to contact my child by phone or email during the representative season, but only on sport specific business.

Parent / Carer Signature .....

#### School Principal's Approval

As school Principal, I give permission for the above named student to participate in the above named Trinity Coast Central District Sport Trial. I verify that the above date of birth is correct.

Principal's Signature .....