
CONTACT SPORT PERMISSION FORM

PERMISSION TO PLAY CONTACT SPORT FOR WALCHA CENTRAL SCHOOL 2024

To Whom it May Concern

I give permission for (full name of student) to train and play contact sport throughout 2024.

While I appreciate the efforts made by the school to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what are essentially body contact sports (eg Rugby League / Rugby Union / AFL).

I understand that the wearing of a correctly fitted mouthguard is mandatory in all games and training sessions.

I understand that under no circumstances will my child train / play if they are injured.

Under no circumstances should my child / ward be allowed to play / train in the following positions:

.....

PARENTS NAME: (please print)

SIGNATURE:

DATE: / /

DETAILS OF COACH

NAME OF COACH: *Mrs Bonnie Brown*

QUALIFICATIONS AND EXPERIENCE: *International Games Coach – Coach (126819)
LeagueSafe – Sports Trainer (111587)
Smart Rugby Online – (ARU – 4761254)*