

# SCHOOL SPORT NT DEVELOPMENT/SELECTION CAMP PERMISSION FORM 2012



## FORM A

PERMISSION FOR A STUDENT TO PARTICIPATE IN A SCHOOL SPORT NT ACTIVITY  
COMPLETE IN CONJUNCTION WITH THE DEVELOPMENT/SELECTION CAMP NOMINATION FORM (Form B, C or D)

### Student Information

Student Given Name:		Student Family Name:	
Parent/Guardian Given Name:		Parent/Guardian Family Name:	
Residential Address:		Postal Address:	
Parent Guardian Email Address:		Email Address (home)	
Phone (BH)	Mobile Phone:	Phone (AH)	
UPN*:		Date of Birth: / /	Gender: Male Female
Proof of Age on School Record: Y / N	School:	<b>Principal Authorisation For Student to Participate</b>	
Cluster		<b>School Sport Coordinator Endorsement</b>	

\* For schools not using SAMS, please enter student ID number

### Medical Information

Medicare Number:	Expiry Date:	Medical Condition:	
Child's Position on Card:		Medication:	
Additional Medical Details: Allergies:		Date of Last Tetanus Injection:	
Private Health Fund Name: Membership Number:			
I give permission for team officials to obtain medical / dental treatment for my child if considered necessary.			Yes No
I accept responsibility for any cost involved with medical or dental treatment my child receives			

### Permission Information (Please circle your choice)

I give permission for my child to attend the Development/Selection Camp Detailed on the Nomination Form.	Yes	No
I realise a levy will be applied and I undertake to have paid such a levy by the due date. Levy Amount: Due Date:	Yes	No
I give permission for my child to go swimming with supervision.	Yes	No
I give permission for my child's photo and name to be listed on the School Sport NT website and used in publications for sponsorship purposes and advertising.	Yes	No
I give permission for my child to use a sun block recommended by the Cancer Council.	Yes	No
I give permission for my child to be eligible for selection in the interstate squad. Approximate Levy \$	Yes	No
My child is of Aboriginal or Torres Strait Islander origin.	Yes	No
<b>Signed:</b> (Parent/Guardian)	<b>Date:</b> / /	

The purpose for collecting this information is to ensure our Duty of Care to your child when at a School Sport NT event is met. This information provided shall not knowingly be used for any other purpose that is reasonably within our control.

### Development/Selection Camp Officials Contact Information

CLUSTER	EMAIL ADDRESS	CLUSTER	EMAIL ADDRESS
City	<a href="mailto:City.ssnt@ntschoools.net">City.ssnt@ntschoools.net</a>	Desert Storm	<a href="mailto:Desertstorm.ssnt@ntschoools.net">Desertstorm.ssnt@ntschoools.net</a>
Arnhem	<a href="mailto:Arnhem.ssnt@ntschoools.net">Arnhem.ssnt@ntschoools.net</a>	Northern Suburbs	<a href="mailto:Northernsuburbs.ssnt@ntschoools.net">Northernsuburbs.ssnt@ntschoools.net</a>
PARCS	<a href="mailto:Parcs.ssnt1@ntschoools.net">Parcs.ssnt1@ntschoools.net</a>	Rivers	<a href="mailto:Rivers.ssnt@ntschoools.net">Rivers.ssnt@ntschoools.net</a>

Every Child, Every Day - improving student enrolment, attendance and participation is everybody's responsibility and everyone's business.





# FORM B

## Students who live in Darwin/Palmerston

### DEVELOPMENT/SELECTION CAMP PARTICIPATION NOMINATION FORM COMPLETE AND RETURN TO CLUSTER OFFICE BY DUE DATE

STUDENT DETAILS							
SURNAME		FIRST NAME					
CLUSTER		LEVY		\$190.00			
EVENT DETAILS							
EVENT NAME							
VENUE AND DATES							
TIMES	Day 1 - 8am to 4.30pm	Day 2 - 9am to 3pm	Day 3 - 8am to 1pm				
ACCOMMODATION							
I will be staying at my home in Darwin				Yes			
BILLET OFFER INFORMATION							
Families in Darwin interested in assisting by taking a billet student need to complete details below							
Billeting families must meet suitability criterias and conditions.							
Parents/Guardians Names							
Full Home Address							
Contact Phone	home		work		mobile		
Email Address							
Number of Billets you are able to accommodate				1	2	3	4
Preferred Gender of Billets				Male		Female	
Non Smoking Household				Yes		No	
Pets at house	None	Cats	Dogs	Other			
Siblings Age/Gender/Number							
EVENT INFORMATION							
<p>Development/Selection Camps are conducted on Friday, Saturday and Sunday and at the conclusion an Interstate Squad is announced. The components of the camp will include quality coaching, skill development, a Youth Health Expo, professional development, NTIS involvement, support from the Sport Organisation, lunches and medical support. The levy covers costs of travel, medical, catering, venue hire, insurance, administration and some accommodation.</p>							



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