



Student Athlete Registration Form 2018-19

My child will participate in the following BSB sports this school year. Please cross (☑) as required or use the online version here: <https://www.socscms.com/socs/login.asp>

Season 4

U15 Boys Rugby (Year 9-10) (Wed)		U13 Girls Netball (Year 7-8) (Wed)		U14 Boys and Girls Tennis (Year 7-9) (TBC)	
U13 Boys Rugby (Year 7-8) (Wed)		U14 Girls Softball (Year 7-9) (TBC)			
U15 Girls Netball (Year 9-10) (Wed)		U14 Boys and Girls Athletics (Year 7-9) (TBC)		Swim Team All Ages (Year 1-13) (Mon, Tues, Thurs)	

Student Name _____ Date of Birth _____ Class _____

Parents Name _____ Phone Number _____

Email _____

Parental / Guardian Permission

The above named student has my permission to participate in the BSB Sport program.

I declare that my child is physically fit and able to participate fully in the sport(s). In the event of an injury or accident involving my child I understand that I will be informed as soon as possible. If I cannot be contacted, I authorize the coach or other BSB representative to act on my behalf.

I understand that my child will punctually attend all scheduled practices, games and tournaments. If my child cannot attend I, or my child, is responsible to inform the coach before the absence.

Parent Signature _____

Date _____