

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 2

U19/U16 Boys Basketball (Year 10-13) (Wed, Fri)		U12 Girls Volleyball (Year 6-7) (Mon, Thurs)		U9 Boys Handball (Year 4) (Tues)	
U19 /U16 Girls Basketball (Yr10-13) (Wed, Fri)		U13 NAE Olimpiad (Year 7-8) (TBC)		U9 Girls Handball (Year 4) (Tues)	
U14 Boys Volleyball (Year 9) (Mon, Thurs)		U14 NAE China Cup Volleyball (Year 7-9) (TBC)		U8 Boys Handball (Year 3) (Tues)	
U14 Girls Volleyball (Year 9) (Mon, Thurs)		U11 Boys Handball (Year 6) (Tues)		U8 Girls Handball (Year 3) (Tues)	
U13 Boys Volleyball (Year 8) (Mon, Thurs)		U11 Girls Handball (Year 6) (Tues)		U11 Boys and Girls Table Tennis (Year 5-6) (Wed)	
U13 Girls Volleyball (Year 8) (Mon, Thurs)		U10 Boys Handball (Year 5) (Tues)		U8 Boys and Girls Gymnastics (Year 1& 2) (TBC)	
U12 Boys Volleyball (Year 6-7) (Mon, Thurs)		U10 Girls Handball (Year 5) (Tues)		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 _____